

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27745

State File No.

Registrar's No. 28

X23159

SEP 3 1941
Registration District No. 21

Primary Registration District No. 5044

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Burdette (rural) TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Hattie Luchota Atkerson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
alive _____ years

7. Birth date of deceased November 15 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 9 5 hr. min.

9. Birthplace Lawrence Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business

MOTHER FATHER { 12. Name Francis Atkerson
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Mary
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Martin Saitz
(b) Address Burdette Mo.

17. (a) Burial (b) Date thereof Aug. 22 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bourbon Cemetery

18. (a) Signature of funeral director Blankenship
(b) Address Monett, Burdette Mo.

19. (a) Aug 21 1941 (b) Donald Blankenship
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Burdette (rural)
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20
year 1941 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug 20
_____, 1941, to Aug 20, 1941;
that I last saw her alive on Aug 20, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
uremia due to
chronic nephritis
Due to without edema

Due to 131P

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature J. D. Baldwin (M.D. or other) 2
Address Burdette Mo. Date signed 9-21-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number

Date Filed SEP 2 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

L. H. Blankenship

Licensed Embalmer No. 2397

P. O. Address Monett Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.