

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1571
Registrar's No. 13

FILED FEB 16 1942

Registration District No. 22

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Audrain Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 days
(Specify whether
In this community 22 days
years, months or days)

3. (a) PRINT FULL NAME Norma Lee Atkins

3. (b) If veteran, name was None 3. (c) Social Security No. None
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 22 years
7. Birth date of deceased December 29, 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
22 hr. min.

9. Birthplace Mexico, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

MOTHER FATHER { 12. Name Virgil L. Atkins
13. Birthplace Mexico, Mo.
14. Maiden name Viola May Harvey
15. Birthplace Audrain County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Virgil Atkins
(b) Address Mexico, Mo

17. (a) Burial (b) Date thereof Jan. 21, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Paul I. Paul

(b) Address Mexico, Mo.

19. (a) Jan 21-1942 (b) Margaret H. Mackie
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #1, Mexico
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30
year 1942 hour minute 3:08 P.M.

21. I hereby certify that I attended the deceased from Dec 29, 1942 to Jan 20, 1942
that I last saw her alive on Jan 20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhagic Disease Newborn
Duration 2 days

Due to

Due to

Other conditions 160c
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Harry F. O'Brien (M. D. or other) —
Address Mexico, Mo. Date signed 1-24-42

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

RECEIVED

District Health Officer No. 10

District File Number 2-42-196

Date Filed FEB - 7, 1942

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.....

Earl E. Precht....., Registered Apprentice No.....
working under my personal supervision.

Signed Earl E. Precht.....

Licensed Embalmer No. 3189.....

P. O. Address Mexico, 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.