

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11375

State File No. _____

Registration District No. 362

Primary Registration District No. 5757

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Rural - Richwood
(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 Life

3. (a) PRINT FULL NAME JOSEPHINE L VONE ATWELL

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife. William Atwell 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 18 - 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Miller Co., MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

12. Name Albert Rawland
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Cross
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant A. C. Humphrey

(b) Address Hauseack, Mo

17. (a) Burial (b) Date thereof 4/5/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cem. Hauseack, Mo

18. (a) Signature of funeral director Ch. Barry

(b) Address Merica - Mo

19. (a) 4/5/42 (b) Jessie Perkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo County Miller
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Hauseack, Mo, R#1
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1942 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 1st
1942, to March 31, 1942;
that I last saw her alive on March 31, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure Duration 2 weeks
Due to chronic myocarditis yes

Due to _____
Other conditions arteriosclerosis, Endarteritis 1 month
(Include pregnancy within 3 months of death)

Major findings: Of operations 93d PHYSICIAN _____
Of autopsy _____ 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 Wm. A. Gould (M. D. or other) DO
Address Merica Mo Date signed 4/6/42

1017

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Miller County Health Dept.
County File Number 42-28
Date Filed 4/16/42

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.....

Licensed Embalmer No. 2694

P. O. Address.....

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.