

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12159

FILED APR 15 1942

Registration District No. 1946

Primary Registration District No. 3038

Registrar's No. 49

97
1
2

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

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall C. Mo.

(c) Name of hospital or institution: 400 Fair Mitchell
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 5 year
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Dorothy C. Atchley

3. (b) If veteran, name war ✓

3. (c) Social Security No. -

4. Sex Female 5. Color or race Wh.

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Paris Atchley 6. (c) Age of husband or wife if alive 9 years (Month) (Day) (Year)

7. Birth date of deceased Sept. 9 1891
(Month) (Day) (Year)

8. AGE: Years 50 Months 6 Days 5 If less than one day hr. min.

9. Birthplace Bloomington Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name Arthur C. Bishop

13. Birthplace Bloomington Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Lucille Beahm

15. Birthplace Bloomington Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant H. B. Bachy

(b) Address Marshall Mo.

17. (a) Funeral (b) Date thereof Mar 17-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bloomington Ill.

18. (a) Signature of funeral director Campbell-Paris

(b) Address Marshall Mo.

19. (a) Mar 16 1942 (b) Mrs. T. O. Weather
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

(c) City or town Marshall
(If outside city or town limits, write "RURAL")

(d) Street No. 400 Fair Mitchell
(If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 14 year 1942 hour - minute - M.

21. I hereby certify that I attended the deceased from Nov. 1 1938 to March 14 1942

that I last saw h. alive on March 14 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma - Lung 2 mos

Due to Carcinoma Breast 10 yrs.

Due to -

Other conditions (Include pregnancy within 3 months of death) 50

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) None

(b) Date of occurrence None

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? no (Specify type of place) (e) Means of injury -

Signature Robert M. ... (M. D. or other) 0

Address Marshall Mo. Date signed 3-15-42

1215

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-14-42

JUL 14 1947

JUL 11 1947

JUN 8 1945

MAR 29 1945

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. 3469

P. O. Address Marshall, 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.