

FILED NOV 14 1942

Registration District No.

Primary Registration District No. 5044

Registrar's No. 97

1. PLACE OF DEATH:

(a) County Brazos
(b) City or town Washburn
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Brazos
(c) City or town Washburn
(d) Street No. 2 miles ranch of Washburn
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME EFFIE MARIE 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 Married
6. (b) Name of husband or wife Amos Henry Atwell 6. (c) Age of husband or wife if 71 years
7. Birth date of decease March 3 1902
(Month) (Day) (Year)

8. AGE: Years 40 Months 7 Days 15 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Josh Erwin
13. Birthplace Wayne Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Belle Fodenham
15. Birthplace Greenfield Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Leah Erwin
(b) Address Washburn, Mo.

17. (a) Burial (b) Date thereof Oct. 20, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Methodist Exeter, Mo.

18. (a) Signature of funeral director R. D. G. G. G.

(b) Address Cassville, Mo.

19. (a) Oct 22 - 1942 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18
year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Due to Shot wound through heart

Due to.....

Other conditions (Include pregnancy within 3 months of death) 166

Major findings: Of operations.....
Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence Oct 18 - 42

(c) Where did injury occur? Washburn Brazos
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? (Specify type of place) (e) Means of injury Shot

23. Signature John R. Cameron (M. D. or other) Do.
Address Washburn Mo. Date Signed Oct 20 1942

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

0050

1077

(Licensed Embalmer's Statement on Reverse Side)

Corner of Brazos Co

RECEIVED

District Health Officer No. 6,

District File Number 1142-1603

Date Filed NOV 12 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John E. Myers

Licensed Embalmer No. 2220

P. O. Address Cassville, 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.