

FILED FEB 15 1943

Registration District No. 15/174

Primary Registration District No. 4176

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Malden
(If outside city or town limits, write "RURAL" and name of township)

(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 _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Sarah J. Atkins

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

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Ms Atkins 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mch. 8, 1859
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>10</u>	<u>7</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Jackson

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

14. Maiden name Marietta Lewis

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) Burial (b) Date thereof 1-17-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden

18. (a) Signature of funeral director W. R. Craig
(b) Address Malden Mo

19. (a) 1-16-43 (b) P. D. Elder
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15
year 1943 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 15, 1943 to Jan 15th 1943
that I last saw him alive on Wed. 10th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary-vascular-renal disease
(Ventricular Block) 15 yrs

Duration 10 yrs

Due to _____

Due to _____

Other conditions _____
(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) (c) Means of injury _____

23. Signature John Danblave (M. D. certified)
Address Malden Mo Date signed 1/18/43

RECEIVED

District Health Office No. 2,

District File Number 218-192

Date Filed 2-8-43

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 H. L. Craig.....

Licensed Embalmer No. 4302.....

P. O. Address Malden 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.