

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5670

FILED MAR 8 1943

10

3002

State File No.

Registrar's No.

30

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Mexico
(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)

3. (a) PRINT FULL NAME Mrs. Sallie C. Atkins

3. (b) If veteran, name war 3. (c) Social Security No. none

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

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

7. Birth date of deceased Dec. 28 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 1 24 hr. min.

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

10. Usual occupation House mother

11. Industry or business

12. Name Jas. E. Green

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

14. Maiden name Sarah Byrnes

15. Birthplace Andrew Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. H. Paulk

(b) Address 321 N. Washington - Mexico

17. (a) Burial (b) Date thereof Feb 23 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico

18. (a) Signature of funeral director M. J. Williams

(b) Address Mexico

19. (a) 2/23/43 (b) Margaret H. Mackie
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Mexico (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22 and
year 1943 hour 2 minute 45 a.m.

21. I hereby certify that I attended the deceased from Sept 4 1942 to Feb 22 1943
that I last saw her alive on Feb 21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
myocarditis chr.
coronary sclerosis
Due to arterio sclerosis
Due to senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 R. L. Williams (M. D. or other) MD
Address Mexico Mo Date signed 2/24/43

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 243-442

Date Filed MAR 8 1949

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

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No. 1133

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.