

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14246

State File No. _____

Registrar's No. 38

FILED MAY 1 1943
Registration District No. 14246

Primary Registration District No. 5439

1. PLACE OF DEATH:

- (a) County Gasconade
(b) City or town RURAL - Canaan Swap
(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

8. (a) PRINT FULL NAME Annie Viola Atherton

8. (b) If veteran, name war No. 8. (c) Social Security No. 496-20-1807

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

6. (b) Name of husband or wife David Jasper Atherton 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 11 1918
(Month) (Day) (Year)

8. AGE: Years 24 Months 10 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name William Thomas Johnson
13. Birthplace Morris
(City, town, or county) (State or foreign country)
14. Maiden name Theresa Johnson
15. Birthplace St. Thomas Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John W. Johnson

(b) Address Angels, Mo.

17. (a) Burial (b) Date thereof 4-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rosedale Mo. M.E. Cem.

18. (a) Signature of funeral director Jappmeyer-Murray

(b) Address Owensville Mo.

19. (a) April 18, 1943 (b) Myrtle M. Wankel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Gasconade
(c) City or town Rural - Canaan Swap
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1943 hour 11 minute - P.M.

21. I hereby certify that I attended the deceased _____
_____ 19____ to 4-15 1943

that I last saw her alive on 4-15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of Heart Duration 12 Hrs.

Due to Bilateral Bronchopneumonia 5 dys.

Due to _____

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

Major findings: Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged etiologically.

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 Car

23. Signature Paula. Brown (M. D. or other) MD

Address Owensville Mo. Date signed 4-19-43

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. me
working under my personal supervision.

Signed.....

Robert M Murray

Licensed Embalmer No. 3749

P. O. Address Owensville, 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, above space should be left blank.