

Davis
S. No. 2
M-5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15711**

DEAD MAY 10 1943

Registration District No. **360**

Primary Registration District No. **3076**

Registrar's No. **30**

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution:
Nevada City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Two days
(Specify whether)

In this community ✓
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

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

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

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

3. (a) PRINT FULL NAME Nolia Odson Atha

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife J. H. Atha

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Oct 8 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 1

If less than one day hr. min.

9. Birthplace Bowling Green Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Hotel keeper

11. Industry or business

12. Name J. H. Odson

13. Birthplace Bowling Green Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs. Harry Churn

(b) Address Walker, Missouri

17. (a) Burial (b) Date thereof 4 11 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cachoua Mo.

18. (a) Signature of funeral director Allen J. Bays

(b) Address Nevada, Missouri

19. (a) 4-10-43 (b) Stoel B. Burch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th
year 1943 hour 11:10 minute P M.

21. I hereby certify that I attended the deceased from 4-7 1943 to 4-9 1943
that I last saw him alive on 4-9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death 1. Uremia due to chronic nephritis
2. Diabetes

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 61

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) (c) Means of injury

23. Signature Chas. J. Fair (M. D. or other)

Address Nevada, Mo. Date signed 4-10-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 7,
District File Number 4-43-193
Date Filed 5-7-43

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 Allen & Camp
Licensed Embalmer No. 1968
P. O. Address Nevada, 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.