. S. No. 2
OM—5-42
v. 5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17734

State File No.

FILED JUN 12 1943

Registration District No. 99 Primary Registration District No. 4171 Registrar's No. 114

1. PLACE OF DEATH:
(a) County DeKalb
(b) City or town Clarksdale Mo
(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 Two months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Missouri~~ Kansas (b) County Linn 11 939
(c) City or town Mapleton, 0
(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 2

3. (a) PRINT FULL NAME Martha Alice Atkins
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 1 5. Color or race White 2 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife husband Paul W. Atkins (c) Age of husband or wife if alive Dead years
7. Birth date of deceased March (Month) 29 (Day) 1868 (Year)

8. AGE: 75 Years 75 Months 1 Days 24 If less than one day hr. min.

9. Birthplace Springfield (City, town, or county) Ill. 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Agricultural
FATHER 12. Name Richard Cox
13. Birthplace (City, town, or county) (State or foreign country) 9
MOTHER 14. Maiden name Emma Rinders
15. Birthplace (City, town, or county) (State or foreign country) 9
16. (a) Informant Blanche Hines
(b) Address Stewartsville, Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 26 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mapleton Kan.
18. (a) Signature of funeral director F. G. Lyon
(b) Address Stewartsville Mo.
19. (a) May 23 1943 (Date received local registrar) (b) C M Quigley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1943 hour 3 minute 30 P.M.
21. I hereby certify that I attended the deceased from May 21, 1943 to May 23, 1943 that I last saw her alive on May 21, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Thrombosis

Due to Morbus Brightii

Due to

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature W. S. Gale (M. D. ~~or other~~)
Address Osborn Mo. Date signed 5/23-43

1248

(Licensed Embalmer's Statement on Reverse Side)

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 F. G. Lyon

Licensed Embalmer No. 952 -

P. O. Address Steedmanville 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.