S. No. 2
I—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 8 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22331

State File No.

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 1478

1. PLACE OF DEATH:

(a) County ST LOUIS

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

(c) Name of hospital or institution: S Mary's (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County LACLEDE

(c) City or town CONWAY (If outside city or town limits, write "RURAL") 52

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? — (Yes or No) 0

If yes, name country —

3. (a) PRINT FULL NAME LINDA ~~LEE~~ SUE ATKINSON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex P 1

5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Apr - 20 - 43 (Month) (Day) (Year)

8. AGE: ~~Years~~ 2 months ~~Months~~ Days If less than one day hr. min.

9. Birthplace CONWAY - MO (City, town, or county) O — (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name ORVIL ATKINSON
13. Birthplace MO (City, town, or county) GLADYS O (State or foreign country) OK

MOTHER
14. Maiden name ~~MARY~~ GLADYS ATKINSON
15. Birthplace ~~MO~~ OKLAHOMA (City, town, or county) (State or foreign country)

16. (a) Informant Gladys Atkinson
(b) Address Conway, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6 26 43 (Month) (Day) (Year)
(c) Place: burial or cremation Lebanon Mo

18. (a) Signature of funeral director Holman
(b) Address Lebanon Mo

19. (a) 6-25-43 (Date received local registrar) (b) C. S. McFarlan MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 24th year 1943 hour 12 minute 20 M.

21. I hereby certify that I attended the deceased from June 20th, 1943 to June 24th, 1943 that I last saw her alive on June 24th, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema.

Due to Post-operative for repair of hare-lip.

Due to —

Other conditions (Include pregnancy within 3 months of death) ~~III~~

Major findings: Of operations Hare lip and cleft palate

Of autopsy Pulmonary edema

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 Julius A Rosen (M. D. or others)

Address St. Mary's Hosp. Date signed

(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.....

Licensed Embalmer No.....

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.