

FILED FEB 8 1944

State File No.

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 34

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Gross Smith Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 da. Hospital
(Specify whether
In this community 13 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scotland 99
(c) City or town Memphis
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Wayne Kent Atha
3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. 1 day
year 1944 hour 1 minute 40 P.M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced SO
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 19 1944
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 19, 1944
to Feb. 1 1944
that I last saw him alive on Feb. 1 1944
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
			<u>13</u>	hr. min.

Immediate cause of death: Staphylococcic Septicemia Duration 5 days
Due to Not known
Due to

9. Birthplace Kirkville Missouri
(City, town, or county) (State or foreign country)

Other conditions Mother had chronic sinusitis
(Include pregnancy within 3 months of death)

10. Usual occupation
11. Industry or business
12. Name Quincy L. Atha
13. Birthplace Agency Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ruth M. Miller
15. Birthplace Lemons Missouri
(City, town, or county) (State or foreign country)

Major findings: 24a
Of operations XX
Of autopsy XX
PHYSICIAN —
Underline the cause to which death should be charged statistically.

16. (a) Informant Quincy L. Atha
(b) Address Memphis Mo.
17. (a) Burial (b) Date thereof 2/2/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memphis, Mo.
18. (a) Signature of funeral director D. W. Payne & Sons
(b) Address Memphis Mo.
19. (a) 2/1/44 (b) Mrs. L. Wayne
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) XX
(b) Date of occurrence XX
(c) Where did injury occur? XX
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
XX
While at work? XX (Specify type of place) (e) Means of injury 0
Signature E. E. Gibson, Jr. (M. D. or other)
Address Kirkville, Mo. Date signed 2/1/44

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 2-44-285

Date Filed FEB 5 1944

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.