

7. S. No. 2
FORM-5-2
Rev. 5-1-39
322873

14821

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14821

ISSUED MAY 26 1945
Registration District No. 45 30

Primary Registration District No. 45 30

Registrar's No.

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

1. PLACE OF DEATH

(a) County Vernon

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

(c) Name of hospital or institution General
(If no hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Vernon

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

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

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

3. (a) PRINT FULL NAME Susie Peck McAtee

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1945 hour 1 minute 15P M.

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

6. (b) Name of husband or wife Clifford E McAtee 6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased: (Month) May (Day) 14 (Year) 1862

21. I hereby certify that I attended the deceased from Jan 15 1945 to April 22 1945 that I first saw her alive on April 22 1945 and the death occurred on the date and hour stated above.

8. AGE: Years 82 Months 11 Days 7 If less than one day hr. min.

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

Immediate cause of death Cardiac Block
Myocardites

Due to.....

Due to.....

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

10. Usual occupation House keeper

11. Industry or business Worshouse

12. Name Thomas Jackson

13. Birthplace Richards Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Hillman

15. Birthplace Richards Co Mo.
(City, town, or county) (State or foreign country)

Major findings: 9/5/45

Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Jackson Sam

(b) Address 1226 Collette St. Louis Mo

17. (a) Removal (b) Date thereof April 23-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wixon St

18. (a) Signature of funeral director O. H. Chesser

(b) Address 415 South Main St

19. (a) 4-27-45 (b) Marcell Charles
(Data received local registrar) (Registrar's signature)

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.....

23. Signature A. B. Primm (M. D.)
Beerfeldemo Date signed 4/28/45

1225

(Licensed Embalmer's Statement on Reverse Side)

Reg. No. 7
L. No. 4-45-421
District 5-9-45
Date Filed

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.