

FILED JUN 13 1945  
Registration District No. 270

Primary Registration District No. 3054

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Pike  
(b) City or town Louisiana  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1207 North Carolina  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike  
(c) City or town Louisiana  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1207 North Carolina  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country No.

3. (a) PRINT FULL NAME Millie Athey

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25  
year 1945 hour 10:45 minute P.M.  
21. I hereby certify that I attended the deceased from 1937 to 1945  
that I last saw h.er alive on 5-25 1945  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife W. S. Grant Athey 6. (c) Age of husband or wife if alive 84 years  
7. Birth date of deceased Jan 10 1872  
(Month) (Day) (Year)

Immediate cause of death Accident of  
Travel

8. AGE: Years 73 Months 4 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions None  
(Include pregnancy within 3 months of death)

9. Birthplace Pike County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name J. W. Edwards

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

14. Maiden name Lucinda Peay

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

16. (a) Informant Mr. Grant Athey

(b) Address Louisiana Mo.

17. (a) Burial (b) Date thereof 5/27/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Garner

(b) Address Louisiana Mo.

19. (a) 5/26/45 (b) J. H. Halley, Jr.  
(Date received local registrar) (Registrar/Physician)

Major findings: Of operations None  
Of autopsy None

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) none  
(b) Date of occurrence none  
(c) Where did injury occur? none  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury none  
23. Signature J. H. Halley, Jr. (M. D.)  
Address Louisiana Mo. Date signed 5-26-45

AUG 23 1945

RECEIVED

District Health Officer No. 10

District File Number 6-45-1001

Date Filed JUN 12 1945

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, only

....., Registered Apprentice No. ....

working under my personal supervision.

Signed J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.