

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Three
State File No. 28560
Registrar's No. 79

JUL 12 1945

Registration District No. 260

Primary Registration District No. 3076

1. PLACE OF DEATH:

(a) County Nevada
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nevada City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Verdon 102
(c) City or town Nevada
(If outside city or town limits, write "RURAL") 2
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No 11 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Beantette McAtee

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Mar. 28 1886
(Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation School teacher

11. Industry or business _____

12. Name Charles B. McAtee

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

14. Maiden name Beantette Hargison

15. Birthplace Madisonville, Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Matthew Hargison

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 7-3-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Marsh C. C. C. C.

(b) Address Nevada, Mo.

19. (a) 7-2-45 (b) Boyd B. Beach
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st
year 3 hour 25 minute 4 M.

21. I hereby certify that I attended the deceased from 1943
19____ to July 1, 1945
that I last saw her alive on June 30, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Carcinoma of colon?

Due to _____
Due to _____

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

Major findings: Carcinoma of descending colon
Of operation _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature CR King (M. D. or other) _____
Address Nevada, Mo. Date signed 7-2-45

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

8-1-2

MAP 1-1-1945

RECEIVED

District Health Officer No. 7,

District File Number 6-45-646

Date Filed 7-11-45

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 Marsh Eechinger

Licensed Embalmer No. 26656

P. O. Address Nevada, 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.