

S. No. 2  
M-8-43  
5-17-39  
P 1 X37823

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS THE STATE BOARD OF HEALTH OF MISSOURI  
**FILED JUN 24 1946 STANDARD CERTIFICATE OF DEATH**

19860

State File No. \_\_\_\_\_

Registrar's No. 201

Registration District No. 82

Primary Registration District No. 305-7-4144

**1. PLACE OF DEATH**

(a) County Cooper  
 (b) City or town Pilot Grove  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: None  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
 In this community 26 yrs  
 years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Cooper  
 (c) City or town Pilot Grove  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** MILLER-TRIMBLE-FITKINSON

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

4. Sex M.O 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella Atkins 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Dec - 10 - 1865  
 (Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 1 year 1946 hour 3 minute 15 M.

21. I hereby certify that I attended the deceased from March 1, 1946, to June 1, 1946, that I last saw h. alive on May 23, 1946, and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<u>80</u>	<u>5</u>	<u>21</u>	<u>V</u> hr. <u>V</u> min.

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

Immediate cause of death Chronic myocarditis & Chronic nephritis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

**10. Usual occupation** Farmer

**11. Industry or business** Same

**MOTHER FATHER**

12. Name William Atkins  
 13. Birthplace unknown Ga.  
 14. Maiden name Marah Dickey  
 15. Birthplace unknown Ga.

16. (a) Informant Mr. Lon Judy  
 (b) Address Pilot Grove Mo

17. (a) None (b) Date thereof 6-2-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Grove Mo

18. (a) Signature of funeral director Harry W. Bunker  
 (b) Address Pilot Grove Mo

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 (Date received local registrar) (Registrar's signature)

**Major findings:**  
 Of operations \_\_\_\_\_  
 Of autopsy no

**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 Harry W. Bunker (M. D. owner)  
 Address Pilot Grove Mo Date signed 6/1/46

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

18735

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

6-19-46

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed.....

*Leighton E. Hays*

Licensed Embalmer No. 3074

P. O. Address Pilot Grove 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.