

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

FILED FEB 11 1947

Registration District No. 215

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5783

1828

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Miller
 (b) City or town RURAL RICHMONDS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
IBERIA - Mo. Star Route 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community _____ years, months or days)

3. (a) PRINT FULL NAME ARCHIE LOREN ATWELL

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ELECTA ANN ATWELL 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Aug 30 1890
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 4 24 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Joel Atwell

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

14. Maiden name Rena Lee

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

16. (a) Informant Mrs. Loren Atwell

(b) Address Sheria Mo. Star Route

17. (a) Burial (b) Date thereof 1 26 47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheria Mo.

18. (a) Signature of funeral director Loren L. Adams

(b) Address Sheria Mo.

19. (a) Jan. 25-47 (b) Jessie Perkins
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller 66
 (c) City or town RURAL
 (If outside city or town limits, write "RURAL")
 (d) Street No. IBERIA, Mo STAR Route 1
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January 23, 1947
 year _____ hour 1:50 minute A M.

21. I hereby certify that I attended the deceased from Jan. 21, 1947 to Jan. 23, 1947
 that I last saw him alive on Jan. 23, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, acute 3 days

Due to Rupture of Abdominal Aorta
 Due to Lympho-Sarcoma 1947

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Ref. to 508
Miss. Hospital
Columbia, Mo.
 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? _____

(Specify type of place) _____
 While at work? _____ (c) Means of injury _____

23. Signature C. M. Little (M. D. or other) M. D.
 Address Crocker, Mo. Date signed 1-24-47

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

FEB 1 1947

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 Loran L. Adams

Licensed Embalmer No. 4207

P. O. Address. Shirley, 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.