

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 25 1947
Registration District No. 293

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10360
Registrar's No. 3

Primary Registration District No. 4436

1. PLACE OF DEATH:

(a) County Rall Co.
(b) City or town NEW EUSTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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

Mary Alice Small

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex Female
5. Color or race White

6. (a) Single, widowed, married,
divorced Widowed

6. (b) Name of husband or wife
PRISTON

6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased Nov. 18, 1891
(Month) (Day) (Year)

8. AGE:

Years 45

Months 4

Days

If less than one day

hr. min.

9. Birthplace

Boonville, Mo.
(City, town, or county)

Kentucky
(State or foreign country)

10. Usual occupation

Pat. Lab.

11. Industry or business

Elkshg. Nuc. Rals

12. Name

Elkshg. Nuc. Rals

13. Birthplace

Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name

Bliss Ann Atkinson

15. Birthplace

Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant

Mrs. Elizabeth Small

(b) Address

New London, Mo.

17. (a)

Primal
(Burial, cremation, or removal)

(b) Date thereof

3-20-47
(Month) (Day) (Year)

(c) Place: burial or cremation

BARILEY CEMETERY

18. (a) Signature of funeral director

James D. Atkinson

(b) Address

Harmon, Mo.

19. (a)

3-20-47
(Date received local registrar)

(b)

M. A. Waters
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1947 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from
March 11, 1947, to March 18, 1947
that I last saw her alive on March 17, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death

Pneumo-Pneumonia
Influenza

Duration

4 da
10 da

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

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

M. P. Thaters

(M. D. or other)

Address

New London Mo

Date signed 3-20-47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-47-57
MAR 24 1947
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, on by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3-229

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.