. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40997

FILED JAN 15 1948

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 444

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Lucy Lee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 da (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler 12
(c) City or town Poplar Bluff, Mo. 7
(If outside city or town limits, write "RURAL")
(d) Street No. 917 Cynthia 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Lucy Lurlyn Atkins
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James Euel Atkins
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 15 (Day) 1896 (Year)

8. AGE: Years 51 Months 2 Days 14 If less than one day hr. min.

9. Birthplace McKenzie (City, town, or county) Tenn (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Luther Baker
13. Birthplace (City, town, or county) Tenn. (State or foreign country)
MOTHER
14. Maiden name Carrie Mitchell
15. Birthplace (City, town, or county) Ky. (State or foreign country)
16. (a) Informant O.M. Atkins
(b) Address Paragould, Ark.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/47 (Month) (Day) (Year)
(c) Place: burial or cremation Poplar Bluff, Mo.
18. (a) Signature of funeral director Greer Croy & Fitch
(b) Address Poplar Bluff, Mo.
19. (a) 1-1-48 (Date received local registrar) (b) R Armstrong (Registrar's signature) 55

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29
year 11947 hour 12 minute noon M.

21. I hereby certify that I attended the deceased from Dec 25, 1947, to Dec 29, 1947
that I last saw her alive on Dec 29, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Heart Failure	
Due to Profound Shock	
Due to Multiple Injuries	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Automobile accident
(b) Date of occurrence December 25, 1947 67
(c) Where did injury occur? Mississippi Co. (City or town) (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? U.S. Hwy #60 near Bertrand, Mo (Specify type of place)
While at work? No (e) Means of injury —

23. Signature J.W. McPhetters Jr (M. D. or other) MD
Address Poplar Bluff, Mo. Date signed 12-31-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Coll. With Other M. Vehicle

JAN 25 1948

JAN 28 1948

RECEIVED
District Health Office No. 2,
District File Number 148-22
Date Filed 1-12-48

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 Philip J. Cassedy, Registered Apprentice No. 108, working under my personal supervision.

Signed William N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.