

No. 2
-5-43
17-39
X36671

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

FILED SEP 7 1948

Registration District No. **355**

Primary Registration District No. **6205**

Registrar's No. **10**

1. PLACE OF DEATH:
 (a) County Texas
 (b) City or town Rural Current
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9
(Specify whether)
 In this community 8 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Texas
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 8 miles N. of Dallas, Mo.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME NELLIE ATCHISON
 3. (b) If veteran, name war _____
 3. (c) Social Security No. 2

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 18
 year 1948 hour 5 minute 40 A.M.

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife George W.
 6. (c) Age of husband or wife if alive 7 years
 7. Birth date of deceased: Sept. 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 15, 1948, to August 18, 1948
 that I last saw her alive on August 18, 1948
 and that death occurred on the date and hour stated above.

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|-----------|-----------|----------------------|
| <u>81</u> | <u>11</u> | <u>11</u> | hr. min. |

Immediate cause of death Cerebral Thrombosis
 Due to Senility

9. Birthplace Madison Co. Ind.
(City, town, or county) (State or foreign country)

Due to arterial Hypertension
 Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation House wife

Major findings: Of operations _____
 Of autopsy 83w

MOTHER FATHER

11. Industry or business _____
 12. Name Verson Conley
 13. Birthplace Ind.
(City, town, or county) (State or foreign country)
 14. Maiden name Ella Baird
 15. Birthplace _____
(City, town, or county) (State or foreign country)

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

16. (a) Informant Fred Atchison
 (b) Address Current, Mo.

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof 8/19/48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation artificial

(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? _____

18. (a) Signature of funeral director Dayton V. Clith
 (b) Address Houston, Mo.
 19. (a) Aug 24 1948 (b) ms E. E. murphy
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury 2 Do
 23. Signature Sp. Raver Daysta (M. D. or other) 2 Do
 Address Summerfield Date signed Aug 19

SEP 21 1948

Date Filed

District File Number

District Health Officer No. 5

RECEIVED

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 Frank E Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.