

DEC 13 1939

Registration District No. _____

Primary Registration District No. 5156

Registrar's No. 302

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Rural - Bluebonnet Township
(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: _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Hillersburg, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT - FULL NAME Preston Scott Atkins

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

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

7. Birth date of deceased June 22 1858
(Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Thos. Atkins

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

14. Maiden name E. Legg Spencer

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

16. (a) Informant's own signature Kathleen Schuss

(b) Address Fulton, Mo. R.F.D. 10

17. (a) Burial (b) Date thereof 11-14-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highway Grove Cemetery

18. (a) Signature of funeral director Leo Wallace

(b) Address Fulton, Missouri

19. (a) Nov. 13 1939 (b) R.N. Crews
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12th
year 1939 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from Sept 9
1939, to Nov. 12 1939,
that I last saw him alive on Nov 9 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis
General
Due to Marked Anemia 51
Due to _____

Other conditions Enlarged prostate
(Include pregnancy within 3 months of death)
probably essential

Major findings: Prostate Cancer
Of operations _____
Of autopsy _____

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 R.F. Owen (M. D. or other) _____
Address Fulton Mo Date signed 11/13/39

Duration

yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Harold J. Christey
Licensed Embalmer No. 4002
P. O. Address Pultow, 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, above space should be left blank.