

Registration District No. 222 Primary Registration District No. 4135

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville RFD Pilot Grove
(c) Name of hospital or institution: Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 70 yrs (Specify whether years, months or days) 315

3. (a) PRINT FULL NAME Charles J. Atkinson

8. (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 Mary 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased October 14, 1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 16 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business On Farm

MOTHER FATHER { 12. Name William Atkinson
18. Birthplace West Virginia
14. Maiden name Sarah E. Dickey
15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charles Atkinson

(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof Feb 1-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cem.

18. (a) Signature of funeral director Goodman Hall

(b) Address Boonville, Mo.

19. (a) 2-1-1940 (b) Mrs. E. B. McLutchen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Boonville RFD Pilot Grove
(If outside city or town limits, write "RURAL") Township
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan - day 30
year 1940 - hour 3 minute _____ M.

21. I hereby certify that I attended the deceased from Jan 28, 1940, to Jan 30, 1940, that I last saw him alive on Jan 28, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease with angina pectoris

Duration several years

Due to _____

Due to 94%

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 T. C. Beckett, M.D. (M. D. or other) 200
Address Boonville, Mo Date signed 1-30-40

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4/7/40

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 *J. W. Goodman*
Licensed Embalmer No. *1178*
P. O. Address *Baswell*

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.