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JAN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42748

Registration District No. 398 Primary Registration District No. 3019 Registrar's No. 326

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Cameron Missouri (If outside city or town limits, write "RURAL")
(d) Street No. 108 South Walnut (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ELZIE T. ATKINSON
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Atkinson
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Feb. 22 - 1862 (Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 4 If less than one day hr. min.

9. Birthplace Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation Black Smith
11. Industry or business
FATHER
12. Name Peter Atkinson
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown Lee
15. Birthplace No Record (City, town, or county) (State or foreign country)
16. (a) Informant Ernest R. Atkinson
(b) Address Cameron Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-40 (Month) (Day) (Year)
(c) Place: burial or cremation Cameron Mo
18. (a) Signature of funeral dir. or George C. Carson
(b) Address Independence Mo
19. (a) Dec. 27/40 (Date received local registrar) (b) F. L. Cook M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 year 1940 hour 845 minute P. M.
21. I hereby certify that I attended the deceased from Deputy Coroner, 19 ; that I last saw the deceased alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Hypostatic Congestion
Due Gradual Peliers
Due to Fall on Sidewalk
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy Ex

Duration

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) Accident
(b) Date of occurrence
(c) Where did injury occur? Cameron (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Street (Specify type of place)
While at work? (e) Means of injury Fall
23. Signature Russell Jones (M. D. or other)
Address Kansas Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Floyd C. Barron

Licensed Embalmer No. 4199

P. O. Address Independence

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.