

No. 2
4-12-40
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FEB 14 1941
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1885

Registration District No. 85 Primary Registration District No. 1001 State File No. _____ Registrar's No. 115

1. PLACE OF DEATH **BUCHANAN**
(a) County BUCHANAN
(b) City or town ST. JOSEPH
(c) Name of hospital or institution: STATE HOSPITAL No. 2
(d) Length of stay: In hospital or institution 39 years
In this community all of life 39 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Chariton 11
(c) City or town rural
(d) Street No. near Menden
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Jesse Luke Atterbury
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 26
year 1941 hour 4-15 minute 0 A. M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Sept. 13 1922 to Jan. 26 1941
that I last saw him alive on Jan. 26 1941
and that death occurred on the date and hour stated above.

7. Birth date of deceased ? 1890
(Month) (Day) (Year)

Immediate cause of death broncho pneumonia Duration 10 ds.

8. AGE: Years 71 Months ? Days ? If less than one day _____ hr. _____ min.

Due to Myocardiac with partial coronary occlusion
Due to arteriosclerosis

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

Other conditions (Include pregnancy within 3 months of death) 94W

10. Usual occupation farmer
11. Industry or business chronic invalid
12. Name Father
13. Birthplace Chariton Mo.
14. Maiden name Atterbury
15. Birthplace Chariton Mo.

Major findings: Of operations _____
Of autopsy see above

16. (a) Informant J. C. Atterbury
(b) Address Menden Mo.
17. (a) Burial (b) Date thereof Jan. 27, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(c) Place: burial or cremation State Hospital #2 Cemetery St. Joseph, Missouri
18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon St. Joseph, Missouri
19. (a) Jan. 28, 1941 (b) J. J. Westphal
(Date received local registrar) (Registrar's signature)

23. Signature J. J. O'Dell (M. D. or other) 0
Address St. Joseph Date signed 1/26/41

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

11
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7

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.....

Licensed Embalmer No.....

P. O. Address.....

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.