DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15067

Registration District No. 502 Primary Registration District No. 4305 Registrar's No. 16

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Marceline Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 35 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58

(c) City or town Marceline Mo. 2 (If outside city or town limits, write "RURAL")

(d) Street No. 1 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Colden Thompson Atkins

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Nancy Atkins

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

7. Birth date of deceased May (Month) 9 (Day) 1867 (Year)

8. AGE: Years 73 Months 11 Days 4 If less than one day hr. min.

9. Birthplace Missouri. 0 (City, town, or county) (State or foreign country)

10. Usual occupation Coal Miner

11. Industry or business

FATHER
12. Name Thomas Atkins
13. Birthplace Missouri 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Thomas
15. Birthplace Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clyde Atkins

(b) Address Marceline Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15/41 (Month) (Day) (Year)

(c) Place: burial or cremation MtOlivet

18. (a) Signature of funeral director 451

(b) Address Marceline Mo.

19. (a) 4-15-41 (Date received local registrar) (b) Olive L Barrett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13 year 1941 hour 2 minute 30p M.

21. I hereby certify that I attended the deceased from Feb, 1936, to April 12, 1941 that I last saw him alive on " , 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Embolism	
Due to 137 a	
Due to	
Other conditions Following prostatectomy (Include pregnancy within 3 months of death)	Mar 18 1941
Major findings: Of operations Hypertrophy of prostate	
Of autopsy	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. ~~or other~~) M.D.

Address Marceline Date signed 4/16

(Licensed Embalmer's Statement on Reverse Side)

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

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.

I X19511

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 Blanche M Laughlin

Licensed Embalmer No. 19091

P. O. Address Marceline M

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.