

Registration District No. 547

Primary Registration District No. 5738

Registrar's No. 237

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence R.F.D.# 1 Highway 36 /
(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 Marion 64
(c) City or town Hannibal 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. R.F.D.# 1 Highway 36
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles William 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. Married
6. (b) Name of husband or wife Lucy Arnold Atkins 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased September 23, 1864
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25
year 1941 hour 8 minute 30 A. M.
21. I hereby certify that I attended the deceased from 1935
19 _____ to Aug 29 1941;

that I last saw him alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death gastric ulcer with gastric hemorrhage 4 yrs
Duration _____

Due to _____

Due to _____

Other conditions Ch. myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations X
Of autopsy X

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) (Specify means of injury)

23. Signature John P. Eckman (M.D. or other) 0
Address 1971 Bluff Date signed 8/25/41

MOTHER FATHER

12. Name Henry Atkins
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Dorothy Christian
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant K.W. Atkins
(b) Address R.F.D.# 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/27/41
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet

18. (a) Signature of funeral director Lawrence Smith
(b) Address 902 Broadway

19. (a) Aug. 25 1941 (Date received local registrar) (b) W.C. Fisher (Registrar's signature)

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

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 *Crawford Smith*.....

Licensed Embalmer No..... 3814

P. O. Address... Hannibal Missouri.....

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.