

DEPARTMENT OF COMMERCE

BUREAU OF THE REGISTERS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 104

Primary Registration District No. 4062 3008

Registrar's No. 230

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

1. PLACE OF DEATH: Calloway

(a) County _____

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

(c) Name of hospital or institution: State Hospital note 20
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether _____)

In this community 3 days
years, months or days

3. (a) PRINT FULL NAME James C. Atterberry

3. (b) If veteran, name war etc

3. (c) Social Security No. etc

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Ellen Irene Atterberry

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

7. Birth date of deceased Oct. 8 1877
(Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 14 If less than one day _____ hr. _____ min

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name James M. Atterberry

13. Birthplace Montgomery Co. Mo
(City, town, or county) (State or foreign country)

14. Maiden name Bauson

15. Birthplace Calloway County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant B. B. Atterberry

(b) Address Portland Mo

17. (a) Removal (b) Date thereof 7-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Church

18. (a) Signature of funeral director Barlow Weber

(b) Address Americus Mo

19. (a) 7-24-42 (b) Joel Morosuloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Calloway 14

(c) City or town Portland Rural 1
(If outside city or town limits, write "RURAL") 2

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1942 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from July 21, 1942, to July 24, 1942;
that I last saw him alive on July 24, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Duration _____

Due to General arteriosclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 93d
Of operations _____

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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury 11

23. Signature Joseph Thomas (M. D. or other) _____
Address Fulton Mo Date signed 7/24-42

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.....

D B Baker

Licensed Embalmer No.....

3378

P. O. Address:.....

Amicus Inc

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.