No. 2
8-43
17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 16 1945

Registration District No. 187

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17394

Primary Registration District No. 4-3-0-2-5697 Registrar's No. 60

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution: Rural--Rich Hill Twp.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 57

(a) State Missouri (b) County Livingston

(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")

(d) Street No. Rural-- Rich Hill Twp.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country XX

3. (a) PRINT FULL NAME Elias Waldo Atkins

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Sarah Cathrine

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased May 13, 1871 (Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 9 If less than one day hr. min.

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

10. Usual occupation Painter

11. Industry or business XX

FATHER
12. Name Hiram Atkins
13. Birthplace Unknown (City, town, or county) W. Virginia (State or foreign country)

MOTHER
14. Maiden name Mary Jane Mairs
15. Birthplace Unknown (City, town, or county) W. Virginia (State or foreign country)

16. (a) Informant Gilbert M Atkins
(b) Address Chillicothe, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 25, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Edgewood Cem.

18. (a) Signature of funeral director Donald F. Gordon
(b) Address Chillicothe, Missouri

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1945 hour 5 minute 35 P.M.

21. I hereby certify that I attended the deceased from April 19th, 1945, to April 19th, 1945; that I last saw him alive on April 19th, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic nephritis, unspecified	20yrs
Due to Cardio-renal syndrome	20yrs
Due to	
Other conditions Bronchial asthma, (Include pregnancy within 3 months of death)	12yrs

Major findings:
Of operations no 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Joseph E Trivo (M. D. or other) DO
Address 702½ Jackson St Chillicothe - Mo Date signed 4-25-45

458 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number
Date Filed

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 Donald F. Gordan

Licensed Embalmer No. 4191

P. O. Address Chillicothe, Mo

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.

No. 2B
—3-45
PI X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. June

Registration District No. 187 Primary Registration District No. 5697 Registrar's No. 60

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Rich Hill Twp Rural Chillicothe
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(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 (b) County

(c) City or town (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Elias W. Atkins

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May 13 1877 (Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) April 25 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 22 year 1945 Hour 6 minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

17394