

S. No. 2
M-2-43
7-5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15431**

FILED MAY 8 1946
Registration District No. 241

Primary Registration District No. 61162

Registrar's No. _____

4
5
0
14330
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Stones

(b) City or town Ruth Sp. Rural
(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 2 days
In this community 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stones 104

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

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FREDDY LEON ATCHISON

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 S

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
(Day) (Year)

7. Birth date of deceased apl 2 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 2 If less than one day hr. _____ min. _____

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

10. Usual occupation none

11. Industry or business none

MOTHER FATHER { 12. Name Fred Atchison

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

14. Maiden name Alice Teague

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

16. (a) Informant Fred Atchison

(b) Address _____

17. (a) Burial (b) Date thereof apl 5 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yocum Park Cemetery

18. (a) Signature of funeral director No Funeral Director

(b) Address _____

19. (a) (Date received local registrar) _____

(b) Mrs Myrtle Haugler
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 4
year 1946 hour 12:45 minute P M.

21. I hereby certify that I attended the deceased from apl 2 1946
to apl 4 1946
that I last saw him alive on apl 4 1946
and that death occurred on the date and hour stated above

Immediate cause of death congestion of lungs Duration _____
Bronchitis

Due to _____

Due to _____

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

Major findings: Of operations None

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 D.

23. Signature L S Shumate MD (M. D. or other)
Address Reeds Spring Mo Date signed 7/4/46

315

(Licensed Embalmer's Statement on Reverse Side)

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.