

No. 2
12-45
17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36854**
Registrar's No. **11204**

FILED NOV 20 1946

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution:
3907 E. 26 **3**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **27 Yrs** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")

(d) Street No. **3516 E. 25** **8**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No) **1**
If yes, name country _____

3. (a) PRINT FULL NAME **Ernest ATKINSON**

3. (b) If veteran, name war **World War 1**

3. (c) Social Security No. **487 07 8176**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **8**
year **1946** hour **4:05** minute **0** P. M.

21. I hereby certify that I attended the deceased from **before** 19____ to _____ 19____
that I last saw h_____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W**

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

6. (b) Name of husband or wife **Lucy**

6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **April 5 1889**
(Month) (Day) (Year)

Immediate cause of death **Arteriosclerosis**

Due to **arteriosclerosis**

Due to _____

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

57 **7** **3** hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) **94a**

Major findings: Of operations _____

Of autopsy **yes - as above**

9. Birthplace **East Atchinson Missouri**
(City, town, or county) (State or foreign country)

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? _____

10. Usual occupation **Retired river Laundry**

11. Industry or business _____

12. Name **Edward Atkinson**

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

14. Maiden name **Katherine Sparks**

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

23. Signature **Ernest Atkinson** (M. D. or other) **3**
Address **1424 1/2 N. 11th** Date signed **11-8-46**

16. (a) Informant **Mrs. Lucy Atkinson**

(b) Address **3516 E. 25, K.C. Mo**

17. (a) **Burial** (b) Date thereof **Nov 11, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rushville, Mo**

18. (a) Signature of funeral director **A. H. Blackman & Son**

(b) Address **K.C. Mo**

19. (a) **11-9-46** (b) **Heraldine Holmes**
(Date received local registrar) (Registrar's signature)

DEC 9 1946

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 *H. D. Blackman*

Licensed Embalmer No. *3639*

P. O. Address *K. C. 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.