

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED MAR 14 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 315

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: Mt. Hope
(c) Name of hospital or institution: State Hospital no 2
(d) Length of stay: In hospital or institution 8 yrs - 5 mo - 16 days
In this community 8 yrs 5 mo - 16 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson
(c) City or town: Kansas City
(d) Street No.: 4419 Cypress St
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME: Marion A. Atkinson

MEDICAL CERTIFICATION

3. (b) If veteran, name war: No 3. (c) Social Security No: 499-07-9667

20. DATE OF DEATH: Month: March day: 8 year: 1947 hour: 11 minute: 15 P.M.

4. Sex: male Color or race: white
6. (b) Name of husband or wife: Not stated
7. Birth date of deceased: May 3, 1901

21. I hereby certify that I attended the deceased from Feb 1, 1947 to March 8, 1947 that I last saw him alive on March 7, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis

8. AGE: Years 45 Months 10 Days 5

Due to: ...

9. Birthplace: Jamestown, Mo

Due to: ...

10. Usual occupation: Grocery Clerk

Other conditions: ...

11. Industry or business: ...
12. Name: J. D. Atkinson
13. Birthplace: ...
14. Maiden name: Mary McDaniel
15. Birthplace: Miller County, Mo

Major findings: ...
Of operations: ...
Of autopsy: ...

16. (a) Informant: Hattie Carey
(b) Address: 1519 Spruce St. P. Mo

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof: 3-11-47
(c) Place: Elmwood Cemetery K.C. Mo

(a) Accident, suicide, or homicide (specify) ...
(b) Date of occurrence ...
(c) Where did injury occur? ...
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ...

18. (a) Signature of funeral director: J. W. Wagner
(b) Address: Kansas City, Mo

While at work? ... (e) Means of injury: ...

19. (a) 3-10-47 (b) E. B. Jenkins

23. Signature: Forrest Thomas (M.D. or other) Date signed: 3/8/47

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

MOTHER FATHER

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.....

Will be embalmed....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Cecil R. Matties*.....

Licensed Embalmer No. *3807*.....

P. O. Address *Kansas City, 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.