

No. 2
-12-45
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

4715
State File No. _____
Registrar's No. 721

FILED MAR 3 1947

Registration District No. 149

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:
St. Joseph Hospital

(d) Length of stay: In hospital or institution: 2 Weeks

In this community 54 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 4639 East 9th Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Hilmer Roy Atwell

3. (b) If veteran, name war No

3. (c) Social Security No. 496-03-0894

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Barbara Ann Atwell

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased 10 3 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>4</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation Atwell & Company

11. Industry or business Produce Co. Self.

12. Name George B. Atwell

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

14. Maiden name Lou Simerl

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

16. (a) Informant Mrs. Barbara Ann Atwell

(b) Address 4639 East 9th Street

17. (a) Burial (b) Date thereof 2-18-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Mrs. C. L. Forster
Kansas City, Mo.

(b) Address _____

19. (a) 2-17-47 Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16th,
year 1947 hour 12 minute 20 A. M.

21. I hereby certify that I attended the deceased from Jan 25
1947 to FEB 15 1947
that I last saw him alive on FEB 15 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral degeneration

Due to neglect of glaucoma

Due to Cholelithiasis, cholelithiasis, gall stones

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

Duration

2 days

1 week

2 mo

Major findings: Of operations As above

Of autopsy As above

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 0

23. Signature John T. Shumer (M. D. or other) MD
Address 1100 Grand Ave. 9th. RMD Date signed 2-16-47

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..... *Coitland M. Wise*.....

Licensed Embalmer No. *3474*.....

P. O. Address. *918 Broad St*.....

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.