

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 14 1947
Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16144**
Registrar's No. **39**

Primary Registration District No. 6150

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

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Rural New Lisbon
(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 Missouri (b) County Stoddard 103
(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John W. Atcherson
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 Married
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 14 years
7. Birth date of deceased Feb 14 1890
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 17
year 1947 hour Six minute 330 M.
21. I hereby certify that I attended the deceased from 1944 to Mar. 17 19 47
that I last saw him alive on March 15 19 47
and that death occurred on the date and hour stated above.

8. AGE: Years 57 Months 1 Days 3 If less than one day
hr. min.
9. Birthplace Sherfield Ill.
(City, town, or county) (State or foreign country)

Immediate cause of death Chronic Myocarditis
Due to Chronic Bronchitis and Asthma
Due to
Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation
11. Industry or business Farming
12. Name William Atcherson
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Stella Placher
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

Major findings: Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Johnnie P. Atcherson
(b) Address Puxico Missouri
17. (a) Burial (b) Date thereof 3 - 22 - 47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Brown Cemetary
18. (a) Signature of funeral director Watkins Service
(b) Address Puxico Missouri
19. (a) 4-10-47 (b) Flora Morgan
(Date received local registrar) (Registrar's signature)

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 2
23. Signature E. C. Mastus (M. D. or other) MD.
Address Advance Mo. Date signed 4-5-47

RECEIVED

District Health Office No. 2,

District File Number 577-695

Date Filed 5-12-47

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 Leonard Steele

Licensed Embalmer No. 2476

P. O. Address Nexter Ma

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.