No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 9 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17302

Primary Registration District No. 1002

Registrar's No. 2293

WRITE PLAINLY—USING 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 3617 College Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ——— (Specify whether
In this community 5 mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Johnson

(c) City or town Chilhowee
(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 Charles Elmer Atchison

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Bess Atchison

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

7. Birth date of deceased Nov. (Month) 7 (Day) 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	6	19	——— hr. ——— min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Griffith Atchison
13. Birthplace Nashville Ill. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Angelis Shelton
15. Birthplace Nashville Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ruth Coe
(b) Address Kansas City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Chilhowee Mo Carpenter Cemetery

18. (a) Signature of funeral director Fred Wilkerson
(b) Address Clinton Mo.

19. (a) 5-26-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 26 year 1947 hour 11 minute 35 A.M.

21. I hereby certify that I attended the deceased from April 10, 1947, to May 26, 1947 that I last saw h..... alive on ....., 19.....: and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	4 days
Due to Cardio Vascular Renal syndrome c̄ Hypertension	2 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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? ——— (Specify type of place)

While at work? ——— (e) Means of injury ———

23. Signature Wm L Thompson (M. D. or other) D.O.

Address 3800 E 27, KC Mo Date signed 5-26-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUL 23 1941

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 Fred G. Williams Jr. F. L. Lehrberg, Registered Apprentice No. 434 464, working under my personal supervision.

Signed Fred G. Williams

Licensed Embalmer No. 2478

P. O. Address Clinton Me

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.