

S. No. 2
M-5-43
v. 5-17-39
I X38673

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20110
Registrar's No. 761

Registration District No. 42 Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2920 North 10 St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 23 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL.")

(d) Street No. 2920 North 10th St. 7
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME EBER - ATKINS

3. (b) If veteran, name war no

3. (c) Social Security 491-10-3501

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 17th day 1947 hour I, minute 30 P.M.

21. I hereby certify that I attended the deceased from viewed June 17th 47 19__ to 19__

that I last saw him alive on 19__

and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race whl.

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

6. (b) Name of husband or wife Lucinda Boyles

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

7. Birth date of deceased March 12 1882
(Month) (Day) (Year)

Immediate cause of death Mitral Insufficiency Duration

Due to _____

Due to _____

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

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>65</u>	<u>3</u>	<u>5</u>	hr. _____ min.

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

10. Usual occupation Employee Retail

11. Industry or business Tootle Building

12. Name Jerry Atkins

13. Birthplace Boas Co Ky
(City, town, or county) (State or foreign country)

14. Maiden name Wellman
(City, town, or county) (State or foreign country)

15. Birthplace Fleming Co Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charley Carr

(b) Address 2023 N 4th

17. (a) B (b) Date thereof 6-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cem

18. (a) Signature of funeral director St. Joseph
(Specify type of place)

(b) Address St. Joseph

19. (a) 6-20-47 (b) C. B. Jenkins
(Date received local registrar) (Registrar's signature)

Major findings: AB

Of operations _____

Of autopsy _____

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? _____

23. Signature B. W. Tadlock (M. D. or other) Coroner

Address KING HILL BLDG Date signed 6/17/47

74 Tadlock

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.....

Charles Marshall Harman....., Registered Apprentice No. *450*
working under my personal supervision.

Signed *John H. Hurley*.....
Licensed Embalmer No. *4050*
P. O. Address *St Joseph, 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.