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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUL 15 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **22898**  
Registrar's No. **1467**

Registration District No. **277** Primary Registration District No. **3064**

**1. PLACE OF DEATH:**  
(a) County **St. Louis**  
(b) City or town **Ferguson**  
(c) Name of hospital or institution:  
**139 Hereford**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... **1 year**  
years, months or days (Specify whether)

**3. (a) PRINT FULL NAME Sarah E. Atkinson**  
**3. (b) If veteran, name war** ..... **3. (c) Social Security No.** .....

**4. Sex** **F** / **5. Color or race** **W**  
**6. (a) Single, widowed, married, divorced.** **Widowed**  
**6. (b) Name of husband or wife.** **John Atkinson**  
**6. (c) Age of husband or wife if alive.** **Dec'd** years  
**7. Birth date of deceased** **July 7 1858**  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
**89 1 0** hr. min.

**9. Birthplace** **Hamilton Canada**  
(City, town, or county) (State or foreign country)

**10. Usual occupation.** **Housewife**

**11. Industry or business.** **Housekeeping**

**MOTHER FATHER**  
**12. Name.** **John Masson**  
**13. Birthplace.** **Canada**  
(City, town, or county) (State or foreign country)  
**14. Maiden name.** **Maria Winer**  
**15. Birthplace.** **Canada**  
(City, town, or county) (State or foreign country)

**16. (a) Informant.** **Mrs. R. S. Williams**

**(b) Address.** **Ferguson, Missouri**

**17. (a) Removal** **(b) Date thereof July 8, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation.** **Kansas City, Missouri**

**18. (a) Signature of funeral director.** **White Funeral Home**

**(b) Address.** **Ferguson, Missouri**

**19. (a) 2-10-47** **(b) [Signature]**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **Ferguson**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **139 Hereford Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country.....

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **July** day **7**  
year **1947** hour **6** minute **15 P.M.**

**21. I hereby certify that I attended the deceased from** **June 1st** to **July 7** 19**47**  
that I last saw her, give on **July 7** 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial pneumonia 10 days**  
Due to **1348**  
Due to **Chn nephritis 1938**  
**Chn myocarditis 1936**  
Other conditions **Patent Sclerosis 1936**  
(Include pregnancy within 3 months of death)

**Major findings:**  
Of operations **none**  
Of autopsy **none**  
**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** **Roy Johnson** (M. D. or other)  
**Ferguson, Mo** Date signed **7/8/47**

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

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**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 L. M. White

Licensed Embalmer No. 3973

P. O. Address Jersey, Pa

**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.**