

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's Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton
 (c) City or town Plattsburg 25
(If outside city or town limits, write "RURAL")
 (d) Street No. 3
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MARTHA JEAN ATEKISON
 3. (b) If veteran, name war no 3. (c) Social Security No. none
 4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 28 1948
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
 year 1948 hour 9 minute 45 P. M.
 21. I hereby certify that I attended the deceased from July 28
 1948 to July 29, 1948
 that I last saw her alive on July 29, 1948
 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
		<u>1</u>	hr. min.

Immediate cause of death Respiratory failure Duration _____
 Due to Pneumonia - 11 weeks
 Due to _____

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)
 10. Usual occupation INFANT

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy None

11. Industry or business

MOTHER FATHER {
 12. Name William J. Atekison
 13. Birthplace Plattsburg Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name MARY E. STODDARD
 15. Birthplace KANSAS
(City, town, or county) (State or foreign country)

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)
 Means of injury _____
 Signature Wm. J. Atekison (M. D. or other) _____
 Address 1107 Grand Blvd. Plattsburg, Mo. Date signed 7-30-48

16: (a) Informant Wm. Atekison
 (b) Address Plattsburg MO.
 17. (a) BURIAL (b) Date thereof 7 30 48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Plattsburg MO.
 18. (a) Signature of funeral director B. R. Taylor
 (b) Address Plattsburg MO.
 19. (a) 7-30-48 (b) Ewaldine Holmes
(Date received local registrar) (Registrar's signature)

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No.

P. O. Address.....

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.