

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38185

Do not use this space.

1. PLACE OF DEATH

(a) County *Marion* Registration District No. *541*
(b) Township *Jefferson* Primary Registration District No. *4321* Registered No. _____
(c) City *Wells* (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. *Stephen B. Atkins* *Belle Mo.* St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OF RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Zetta Atkins*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *5-30-1844*
7. AGE YEARS *84* MONTHS *11* DAYS *9* If LESS than 1 day *X* hrs. or min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Retired Farmer*
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Marion Co. Mo.*
FATHER 13. NAME *Parker Atkins*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*
MOTHER 15. MAIDEN NAME *unknown*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*
17. INFORMANT (ADDRESS) *Zetta Atkins*
18. BURIAL, CREMATION, OR REMOVAL PLACE *Liberty Cemetery, Belle Mo.* DATE *5-11-1929*
19. FUNERAL DIRECTOR (ADDRESS) *G. L. Lickfieders*
Belle Mo.
20. FILED *Nov 15 1927* *Wm. Leonardson* Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 9 1929*
22. I HEREBY CERTIFY, that I attended deceased from *May 2 1929* to *May 9 1929*
I last saw him alive on *May 9 1929* Death is said to have occurred on the date stated above, at *3 P.* m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset *5-1-29*
Other contributory causes of importance: *Senility*
Name of operation *none* Date of _____
What test confirmed diagnosis *symptoms* Was there an autopsy? *no*
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify _____
(Signed) *W. R. Fitzgerald* M. D.
(Address) *Belle Mo.*

MAR 11 1948

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by: _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)