N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

11 REC'D MAR 14 1938

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

Do not use this space. 6195

1. PLACE OF DEATH

(a) County: Buchanan — Registration District No.: 86

(b) Township: Washington — Primary Registration District No.: 5127 — Registered No.: 10

(c) City: ~~St. Joseph~~ — (d) Street No.: 1308 So. 41st. St.

(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 22 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Richard Randolph Atkins 325

(a) Residence, No.: 1308 So. 41st. St.

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Mrs. Ida I. Atkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec, 5, 1857

7. AGE — YEARS: 80 — MONTHS: 2 — DAYS: 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as saw mill, bank, etc.: Stationary Engineer

10. Date deceased last worked at this occupation (month and year): 1926

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ripley, West Va.

FATHER

13. NAME: James H. Atkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. W.Va.

MOTHER

15. MAIDEN NAME: Rebecca ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. W.Va.

17. INFORMANT (ADDRESS): Mrs. Roy Jewitt, 1308 So. 41st. St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ — PLACE: Stewartsville, Mo. DATE: Feb. 14, 1938.

19. FUNERAL DIRECTOR (ADDRESS): Walter Meinhofer, 1302 Faraon St. St. Joseph, Mo.

20. FILED Feb. 14, 1938 B. W. Tadlock M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb, 12, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1937, to Feb. 12, 1938, 19

I last saw him alive on Feb. 11, 1938. Death is said to have occurred on the date stated above, at 7.45 m. A.M.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis — Date of onset: 2/7/38

93a -

Other contributory causes of importance:

Chronic Arthritis

Name of operation: None — Date of

What test confirmed diagnosis? Physical — 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, 19

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) J. R. Elliott M. D., M. D.

(Address) 801½ Francis St. St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Walter L. Kelly, Licensed Embalmer No. 3946 Ma

hereby certify that the body recorded on the reverse side of this certificate was embalmed by my self

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Walter L. Kelly

Licensed Embalmer No. Ma 3946

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)