

REC'D MAY 6 1938

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

15358

Do not use this space.

1. PLACE OF DEATH

(a) County *Morgan* Registration District No. *971 5797c*
(b) Township *Mill Creek* Primary Registration District No. *45-7-8* Registered No. *3*
(c) City (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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 *Oliver Lee Atkeson 322*

(a) Residence, No. 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

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF *Artele Atkeson*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct. 14, 1865*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 5 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *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) *4/5/38* 11. Total time (years) spent in this occupation *Life*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*13. NAME *John Atkeson*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*15. MAIDEN NAME *Nancy Carpenter*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*17. INFORMANT (ADDRESS) *Floyd Atkeson
Tipton, Mo*18. BURIAL, CREMATION, OR REMOVAL PLACE *Masque, Tipton, Mo.* DATE *4/10, 1938*19. FUNERAL DIRECTOR (ADDRESS) *Jessie E. Richards
Tipton, Mo.*20. FILED *4 11*, 1938 *Omer E. Cordery* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4/8*, 193822. I HEREBY CERTIFY, That I attended deceased from *Apr. 6*, 1938, to *Apr. 8*, 1938

I last saw *him* alive on *Apr. 7*, 1938. Death is said to have occurred on the date stated above, at *10:40* A.M.

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

Chronic nephritis

Date of onset

Other contributory causes of importance: *121*

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?.....

If so, specify

(Signed) *G. S. Wilson*, M. D.(Address) *Fortuna Mo*

STATEMENT BY LICENSED EMBALMER

I, James E. Richards, Licensed Embalmer No. 2466
hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed James E. Richards
Licensed Embalmer No. 2466

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.)