

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

20890  
 Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kan Primary Registration District No. 1002 Registered No. 2340  
 (c) City Kansas City (d) Street No. 72 C Gen. Hoop 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 yrs. mos. ds. 0 (f) How long in U. S., if of foreign birth? yrs. mos. ds. 325

2. PRINT FULL NAME Ada Atkinson

(a) Residence, No. 703 E. 9th 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Atkinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17, 1895

7. AGE YEARS 62 MONTHS 7 DAYS 21 IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
 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) Iowa

FATHER 13. NAME John Phelps  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER 15. MAIDEN NAME Mary Keller  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT Deirda Clark  
 (ADDRESS) 72 C Gen Hoop Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill Mo. DATE 6-10-38

19. FUNERAL DIRECTOR (ADDRESS) Wm. B. Hopkins  
536 Campbell St. St. Louis Mo

20. FILED June 10 1938 Dr. M. Brown  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-7 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-6 1938 to 6-7 1938  
 I last saw her alive on 6-7 1938 Death is said to have occurred on the date stated above, at 10:25 AM  
 The principal cause of death and related causes of importance were as follows:  
Cardiac decompensation; old and recent myocardial infarction

Date of onset

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? yes

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) P. H. De Maria M. D.  
 (Address) Supt 72 C Gen. Hoop Kansas

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**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.)**