

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

44728
Do not use this space.

DECEASED 11 1938

1. PLACE OF DEATH

(a) County Texas Registration District No. 1171
 (b) Township Jackson Primary Registration District No. 6143
 (c) City Raymondville (d) Street No. _____ 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. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Stephen Edward Atkisson

(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 M 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 Julia Atkisson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24th, 1862
 7. AGE YEARS 76 MONTHS 7 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Music Teacher
 9. Industry or business in which work was done, as saw mill, bank, etc. Teaching Music
 10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Licking (STATE OR COUNTRY) Mo.

FATHER 13. NAME J. W. Atkisson

14. BIRTHPLACE (CITY OR TOWN) Tenn. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Rebecca Nichols

16. BIRTHPLACE (CITY OR TOWN) Texas (STATE OR COUNTRY)

17. INFORMANT (NAME) Wm. Atkisson (ADDRESS) Raymondville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Allen Cemetery DATE Dec. 8th, 1938

19. FUNERAL DIRECTOR (NAME) G. V. Elliott (ADDRESS) Houston Mo

20. FILED Dec 8 1938 Mrs. Doris Gregory Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25 1938, to Dec 6 1938
 I last saw him alive on Dec 4 1938 Death is said to have occurred on the date stated above, at 11:35 P.M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of liver Date of onset _____

Other contributory causes of importance: 46

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

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) W. P. Herron, M. D.
 (Address) Houston Mo

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.

THIS IS A PERMANENT RECORD

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

Gregory K. Elliott

Licensed Embalmer No. 2252

P. O. Address Houston TX

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, above space should be left blank.