REC'D FEB 16 1939

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

3097
Do not use this space.

1. PLACE OF DEATH
(a) County: MILLER — Registration District No.: 561
(b) Township: SALINE — Primary Registration District No.: 4330 — Registered No.: 4
(c) City: ELDON — (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: 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: WILLIAM DUNCAN ATKISSON
(a) Residence, No.: ELDON MO 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*): MARRIED

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~: MARY ATKISSON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): MAY 19 1910

7. AGE: YEARS 28 | MONTHS 8 | DAYS 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: LABORER
9. Industry or business in which work was done, as saw mill, bank, etc.: X
10. Date deceased last worked at this occupation (month and year): 1934
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): BAGNELL ~~MO~~ MO

FATHER
13. NAME: J. H. ATKISSON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MISSOURI

MOTHER
15. MAIDEN NAME: ANNA THOMPSON
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): BAGNELL MO

17. INFORMANT (ADDRESS): MARY ATKISSON ELDON

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: OSAGE BEACH — Riverview Cem. DATE: 1-22, 1939

19. FUNERAL DIRECTOR (ADDRESS): Keith McKaye Eldon Mo

20. FILED: 1-21, 1939 Belle Haynes, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-19, 1939

22. I HEREBY CERTIFY, That I attended deceased from ✓, 19....., to ✓, 19.....
I last saw h..... alive on ✓, 19..... Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis, Death Instantaneous Body Found & Circumstances Investigated by Coroner — Date of onset: 1/19/39

Other contributory causes of importance:

Name of operation: ..... Date of: .....
What test confirmed diagnosis? Witness 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) G. D. Walker, Coroner, M. D.
(Address) Eldon Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Miller County Health Dep't
County File Number 39-10
Date Filed 2-13-39

STATEMENT BY LICENSED EMBALMER

I, Keith M Kays, Licensed Embalmer No. 3998
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 Keith M Kays
Licensed Embalmer No. 3998

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