

REC'D APR 24 1939

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

9903

Do not use this space.

## 1. PLACE OF DEATH

(a) County Audrain Registration District No. 26  
 (b) Township Salem Primary Registration District No. 3002 Registered No. 44  
 (c) City Mexico MO (d) Street No. Audrain County Hospital 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 Jacob Williams Atchison

(a) Residence, No. 621 W. Monroe St. 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  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8, 1845  
 7. AGE YEARS 93 MONTHS 11 DAYS 13 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Real Estate  
 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) Petersburg, Ill.  
 (STATE OR COUNTRY)

FATHER 13. NAME Ferguson Atchison  
 14. BIRTHPLACE (CITY OR TOWN) Ky.  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Bailey  
 16. BIRTHPLACE (CITY OR TOWN) Ky.  
 (STATE OR COUNTRY)

17. INFORMANT Virgel Atchison  
 (ADDRESS) Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Elmwood DATE Mar. 23, 1939

19. FUNERAL DIRECTOR (NAME) Chas. Arnold Jr.  
 (ADDRESS) Mexico, Missouri

20. FILED Mar 22 1939 Blanche Neel  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-21-1939

22. I HEREBY CERTIFY, That I attended deceased from 3-7-1939 to 3-21-1939

I last saw him alive on 3-21-1939 Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Myocardial Chronic  
Nephritis chronic

Date of onset

Other contributory causes of importance: 131

Hypertension

Name of operation None Date of None  
 What test confirmed diagnosis Cleval 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  
 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 Frank Kelley, M. D.

(Signed) Mexico, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-39-531

Date Filed APR 20 1939

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,

C. W. Arnold

, or by

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

Signed

C. W. Arnold

Licensed Embalmer No.

3569

P. O. Address

Mexico, Mo.

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.