

REC'D SEP 19 1939

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

29507

Do not use this space.

1. PLACE OF DEATH

(a) County Issa Registration District No. 449
 (b) Township Franklin Primary Registration District No. 4267
 (c) City Franklin (d) Street No. James Franklin Registered No. _____
 (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

340 John Franklin Atwell
 (a) Residence, No. 2818 - Mo 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 Rosetta Atwell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct - 22 - 1890
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 10 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Blacksmith
 10. Date deceased last worked at this occupation (month and year) 12 years ago 11. Total time (years) spent in this occupation

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

FATHER 13. NAME John Franklin Atwell
 14. BIRTHPLACE (CITY OR TOWN) Ky
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Nancy Ray
 16. BIRTHPLACE (CITY OR TOWN) Ill
 (STATE OR COUNTRY)

17. INFORMANT Wm S. Atwell
 (ADDRESS) (son)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE DATE

19. FUNERAL DIRECTOR Adams & Casey
 (ADDRESS) Franklin - Mo

20. FILED 8-9-39 J. A. McCoub
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 9 - 1939

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1939, to Aug 9, 1939.
 I last saw him alive on Aug 9, 1939. Death is said

to have occurred on the date stated above, at 8:15 a.m.
 The principal cause of death and related causes of importance were as follows:

Atrophic Cirrhosis of Liver. Date of onset

Other contributory causes of importance: 1246

Name of operation none Date of _____
 What test confirmed diagnosis physical 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 none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify:

(Signed) P. J. McCoub, M. D.
 (Address) Franklin - Mo

RECEIVED

District Health Officer No. 7,
District File Number 7-29-1225
Date Filed 9-13-39

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.)