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SEP 16 1940 85

Primary Registration District No. 1001

Registrar's No. 877

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: 115 Michigan 2
(d) Length of stay: In hospital or institution...
In this community 62 years 10 Mo. 24 days

3. (a) PRINT FULL NAME ANNIE MARIE ATKINS 275

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thomas J. Atkins
6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Sept. 15th 1877
(Month) (Day) (Year)

8. AGE: Years 62 Months 10 Days 24
If less than one day hr. min.

9. Birthplace St. Joseph Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation housewife
11. Industry or business home

12. Name Rudolph Hass

13. Birthplace Hamburg Germany 6
(City, town, or county) (State or foreign country)

14. Maiden name Sophie J. Buucholtz

15. Birthplace unknown Germany 6
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Thomas Atkins

(b) Address 115 Michigan St. Joseph, Mo.

17. (a) Burial (b) Date thereof 8* 10-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director FLEEMAN & SON INC.

(b) Address ST. JOSEPH, MO.

19. (a) Aug 10 1940 (Date received local registrar)
J. Northrup (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 115 Michigan
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9th
year 1940 hour 3:30 M. minute 30 M.

21. I hereby certify that I attended the deceased from July 24th 1940 to Aug 9th 1940
that I last saw him alive on Aug 8th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Apoplexy
Due to: CH. VALV. HEART DISEASE
Duration 34 hr.

Due to:

Other conditions: 92 hr
(Include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy:
PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature: J. P. [Signature] (M. D. or other) [Signature]
Address: 500 7th Street Date signed: [Signature]

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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Geo E Daniel

Licensed Embalmer No. 3300

P. O. Address St Joseph M

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, fact should be so stated above.