S. No. 2
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FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1142

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 102

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

1. PLACE OF DEATH:

(a) County Jackson,
(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3660 Summit, 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 8-15-40 (Specify whether
In this community all her life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson, 40
(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 3660 Summit, 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No. years.

3. (a) PRINT FULL NAME Mrs. Artie Chiles Atkinson,

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed, 2

6. (b) Name of husband or wife J. B. Atkinson, 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased January (Month) 20th (Day) 1857 (Year)

8. AGE: Years 83 Months 11 Days 18 If less than one day hr. min.

9. Birthplace Missouri, (City, town, or county) 0 (State or foreign country)

10. Usual occupation at home,

11. Industry or business x

MOTHER FATHER
12. Name Samuel I. Chiles,
13. Birthplace (City, town, or county) Kentucky, 1 (State or foreign country)
14. Maiden name Mary Hamilton,
15. Birthplace (City, town, or county) Kentucky, 1 (State or foreign country)

16. (a) Informant Mrs. Louise Young,
(b) Address Parkville, Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 1-8-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Jan 8, 1941 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January, day 7th, year 1941 hour 12:05 minute A. M.

21. I hereby certify that I attended the deceased from 1925 19..., to 1941 19..., that I last saw her alive on Jan 7 19 35 and that death occurred on the date and hour stated above. 1

Immediate cause of death Pneumonia (Bronchial) 1 — Duration 24 hrs

Due to Pneumonia 1 D.

Due to

Other conditions Blood Serious — (Include pregnancy within 3 months of death)

Major findings: Of operations none done

Of autopsy none

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. J. Foster (M. D. or other)
Address 210 Argyle Bldg Date signed 1-7-41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Forest Foster
angyle Bldg
V-4478

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address Kansas City, 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.