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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED APR 28, 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

9890

State File No.

Registration District No.

Primary Registration District No. 1

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community Fifty years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Adair

(c) City or town Kirksville Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME WILLIAM ATTEBURY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) - 9 (Day) 1860 (Year)

8. AGE: Years 80, Months 11, Days 1 If less than one day hr. min.

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

10. Usual occupation Garbage Carrier

11. Industry or business

FATHER
12. Name Taylor Atteburry
13. Birthplace Iowa (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Malinda
15. Birthplace Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Anna Ward

(b) Address Kirksville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11-41 (Month) (Day) (Year)

(c) Place: burial or cremation Llewellyn

18. (a) Signature of funeral director Summers & Flinchpaugh

(b) Address Kirksville Mo. 3

19. (a) 3-13-41 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 10 year 1941 hour One minute 17 P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Run over by freight train unavoidable accident

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 169

Major findings: Of operations 20

Of autopsy

Duration

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) Accident

(b) Date of occurrence March 10, 1941 124

(c) Where did injury occur? Kirksville (City or town) Adair (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place - was walking on (Specify type of place) R.R. track

While at work? (e) Means of injury

23. Signature W. C. Summers Coroner (M. D. or other)

Address Kirksville Mo Date signed 3/10-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-41-804
Date Filed APR 14 1941

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 Was Not Embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed W. C. Summers

Licensed Embalmer No. 2159

P. O. Address Kirksville M

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.)

If this body is not embalmed, above space should be left blank.