

Registration District No. 992

Primary Registration District No. 5047

Registrar's No. Six

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Rural (Ozark Twnship)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Star Route Aurora Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 70 yrs
years, months or days)

3. (a) PRINT FULL NAME Marshall V Atkisson

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 Married
6. (b) Name of husband or wife Henrietta Atkisson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 22 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 0 16 _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name L Atkisson
13. Birthplace ? 0 Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Rachel Smith
15. Birthplace ? 0 Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Henrietta Atkisson
(b) Address Aurora Mo. Star Route

17. (a) Burial (b) Date thereof 1/10/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clay Hill Cemetery

18. (a) Signature of funeral director J. F. King
(b) Address Aurora Mo.

19. (a) May 5 41 (b) Don Breckbrecher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Star Route Aurora Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7
year 1941 hour 3 minute 30P. M.

21. I hereby certify that I attended the deceased from Dec 13, 1940 to January 7, 1941;
that I last saw him alive on January 7, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage.

Due to Chronic Essential Hypertension

Due to 1/2 N

Other conditions (Include pregnancy within 3 months of death)
Chronic Hypertension with

Major findings: arteriosclerosis

Of operations None

Of autopsy none

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? _____

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

23. Signature Dr. Kenneth L. Leiby (M. D. or other) MD
Address 65 E. Locust, Aurora, Mo. Date signed 1/10/41

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

RECEIVED

District Health Officer No. 6,

District File Number 541-760

Date Filed MAY 8 1944

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, only

, Registered Apprentice No.

working under my personal supervision.

Signed

Herman L. Linn

Licensed Embalmer No. 3072

P. O. Address Aurora 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, fact should be so stated above.