FILED MAY 19 1941 See also 17488-41

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14203

Registration District No. 143 Primary Registration District No. 5205 Registrar's No.

1. PLACE OF DEATH:
(a) County CARTER
(b) City or town RURAL Arden
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County PULASKI 85
(c) City or town FORT LEONARD WOOD
(If outside city or town limits, write "RURAL")
(d) Street No. MISSOURI
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME GUY ATKINSON
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 URCEL ATKINSON 6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased JUNE (Month) 6 (Day) 1910 (Year)

8. AGE: Years 30 | Months 11 | Days 9 | If less than one day hr. min.

9. Birthplace LOUISVILLE (City, town, or county) KY (State or foreign country)
10. Usual occupation SOLDIER
11. Industry or business U.S. ARMY

MOTHER FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Son Clerk
(b) Address Rolla MO.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof MAY 18 1941 (Month) (Day) (Year)
(c) Place: burial or cremation SWITZER ARK
18. (a) Signature of funeral director J. Allen Lewis Jr
(b) Address Van Buren, MO
19. (a) May 16 1941 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 15
year 1941 hour 1:00 minute 30 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.

	Duration
Immediate cause of death Fracture of Skull.	
Due to	
Due to	
Other conditions (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) Auto accident
(b) Date of occurrence 5/14
(c) Where did injury occur? CARTER MO (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? PUBLIC PLACE (Specify type of place)
While at work? (e) Means of injury TRUCK

23. Signature Dr. J. W. Cotton (M.D. or other) CORONER
Address Van Buren MO. Date signed 5/16/41

(Licensed Embalmer's Statement on Reverse Side)

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

17026
96

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 J. Allen Lewis

Licensed Embalmer No. 4059

P. O. Address: Van Buren, Ark.

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.

S. No. 2B
4-25-41
1 x 2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14203

Registration District No. 143 — Primary Registration District No. 5205 — Registrar's No.

PRINT OR TYPEWRITE

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

1. PLACE OF DEATH:
(a) County Carter
(b) ~~City or town~~ Carter Twp
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Guy Atkinson
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
30	11	9	hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER / FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1941 hour minute 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 ~~Fracture of Skull~~ Fracture Skull
Due to
Due to Truck wreck, not a collision, on May 14th, 1941, on Highway Fed. 60, about 15 miles east of Van Buren, Mo.
Other conditions (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) Car acc
(b) Date of occurrence
(c) Where did injury occur? Carter Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? (e) Means of injury Truck

23. Signature O'Bolton (M. D. or other) coroner
Address Van Buren, Mo. Date signed 6-23-41

SUPPLEMENTARY

S-14203