

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17488

Registration District No. 144

Primary Registration District No. 5-207

Registrar's No.

1. PLACE OF DEATH Carter

(a) County Rural
(b) City or town (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)

3. (a) PRINT Guy Atkinson
FULL NAME

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 Married
6. (b) Name of husband or wife Urcel 6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased June 6 1910 (Month) (Day) (Year)

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

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

10. Usual occupation Soldier

11. Industry or business Unknown

12. Name

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

14. Maiden name

15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lou Clark

(b) Address Rolla, Mo.

17. (a) Burial (b) Date thereof 5/18/41 (Month) (Day) (Year)

(c) Place: burial or cremation Swifton, Ark

18. (a) Signature of funeral director Davis - Luchel

(b) Address Van Buren, Mo

19. (a) 5/14/41 (b) Pearl Brooks (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Fort Leonard Wood (If outside city or town limits, write "RURAL")
(d) Street No.
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1941 hour 1.30 minute p. M.

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

Immediate cause of death. I viewed the body of Guy Atkinson, and believe that death was caused by a fracture of the skull

Due to T. W. Cotton, M. D.

Due to Coroner.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

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

23. Signature T. W. Cotton (M. D. or other)

Address Van Buren Date signed 5/15/41

1952
11.11.52

RECEIVED
District Health Officer No. 5,
District File Number. 681745
Date Filed _____

S-14203

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 Blawie
Licensed Embalmer No. 4053
P. O. Address Van Dusen, 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17488

Registration District No. 144

Primary Registration District No. 2207

Registrar's No. _____

1. PLACE OF DEATH

(a) County Carter
(b) City or town Jackson T.P.
(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)

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 _____ year _____

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

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) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

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 _____

20. DATE OF DEATH: Month May day 14
year 1947 hour _____ minute _____ M.

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

Immediate cause of death fractured the body of Guy Atkinson and believe that death was caused by a fracture of the skull

Due to Deceased a hitchhiker picked up by a truck driver Fed. H. #60, truck left highway, collided with a tree, crushing cab door and deceased in the cab. Location of accident about 18 miles east of Van Buren, Mo.

Major findings: _____
Of operations _____
Of autopsy _____

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 M. C. Carter (M. D. or other) _____
Address Van Buren, Mo. Date signed 7-14-47

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

SUPPLEMENTARY

MOTHER FATHER

Underline the cause to which death should be charged statistically.

