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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1941

Registration District No. 461

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5625

State File No. 28708

Registrar's No.

1. PLACE OF DEATH:

(a) County LAFAYETTE

(b) City or town LEXINGTON TWP RURAL
(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 1 (Specify whether

In this community 2 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAFAYETTE

(c) City or town DOVER MO RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. 054
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JEFFESON LEWIS ATKINSON

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife GERTRUDE MAY ATKINSON

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased JULY (Month) 16 (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
56		16	hr. min.

9. Birthplace LAFAYETTE COUNTY MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name PHILLIP ATKINSON
13. Birthplace LAFAYETTE COUNTY MO
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MATTIE KAY WILCOXEN
15. Birthplace ODESSA MO
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. J. L. ATKINSON

(b) Address DOVER MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 4 1941 (Month) (Day) (Year)

(c) Place: burial or cremation HIGGINSVILLE CITY CEMETERY

18. (a) Signature of funeral director E. S. JANES

(b) Address CONCORDIA MO

19. (a) Aug 2/41 (Date received by registrar) (b) Delia Bates (Registrar's signature)

840

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 1

year 1941 hour 3 minute NOON M.

21. I hereby certify that I attended the deceased from 1940, to Aug 1, 1941; that I last saw him alive on July 20, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Left Coronary Thrombosis & Infarction Left side	2 MO.
Due to: 2	
Due to: 1	
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)

(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 [illegible] (M. D. or Coroner) D.

Address Lexington Date signed 8/2/41

(Licensed Embalmer's Statement on Reverse Side)

District Health Office

District File Number

Date Filed 9-11-41

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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed E. L. James

Licensed Embalmer No. 2058

P. O. Address Concordia Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.