

No. 2
1-4-41
17-39

X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED SEP 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **2A 101**

Registration District No. **686**

Primary Registration District No. **5914**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **PIKE**

(b) City or town **MIDDLETOWN RURAL INDIAN**
(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 **ENTIRE LIFE** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **PIKE**

(c) City or town **RURAL INDIAN TWS.**
(If outside city or town limits, write "RURAL")

(d) Street No. **12 MILE SOUTHEAST VANDALIA**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **SAMUEL JOSEPH ATKINSON**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **24th** year **1941** hour _____ minute **3 P.** M.

21. I hereby certify that I attended the deceased from **Aug 20th** 19 **41** to **Aug 24th** 19 **41**; that I last saw him alive on **Aug 20th** 19 **41**; and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **WHITE** 5. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **MARY ELIZABETH** 6. (c) Age of husband or wife if alive **81** years

7. Birth date of deceased **JULY 29 1859**
(Month) (Day) (Year)

Immediate cause of death: **Chronic interstitial nephritis**

Duration _____

8. AGE: Years **82** Months **26** Days _____ If less than one day hr. _____ min. _____

Due to _____

Due to _____

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

Major findings: Of operations **None**

Of autopsy **None**

9. Birthplace **PIKE COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business _____

MOTHER FATHER { 12. Name **JOHNSON ATKINSON**

13. Birthplace **PIKE COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

14. Maiden name **LUCY PRITCHETT**

15. Birthplace **PIKE COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs Lulu Gaurly**

(b) Address **Overville, Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **AUGUST 26 1941**
(Month) (Day) (Year)

(c) Place: burial or cremation **Kelby Cemetery**

18. (a) Signature of funeral director **W. J. Waters**

(b) Address **Vandalia, Mo**

19. (a) **Aug 26 1941** (b) **Gene E. Henderson**
(Date received local health authority) (Registrar's signature)

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 **J. B. Briggs, M.D.** (M. D. or other) **D**

Address **Beverly Glen, Mo** Date signed **8/26/41**

671 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 9-41-1604

Date Filed SEP - 8 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Anne B. Mateer

Licensed Embalmer No. 4169

P. O. Address Paulsboro N.J.

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.