

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34964**

NOV 11 1941

Registration District No. **318**

Primary Registration District No. **2001**

Registrar's No. **803**

1. PLACE OF DEATH:
(a) County **GREENE**
(b) City or town **Springfield City**
(c) Name of hospital or institution:
1040 E. Sunshine
(d) Length of stay: In hospital or institution **No**
In this community **63 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Greene**
(c) City or town **Springfield,**
(d) Street No. **1040 E. Sunshine**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **James Olive Atteberry**

3. (b) If veteran, name war **Unknown**

3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Mary Elizabeth Atteberry**

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

7. Birth date of deceased. **January 30, 1860**

8. AGE: Years **81** Months **8** Days **6**

9. Birthplace **Cassville, Missouri**

10. Usual occupation **Retired Farmer**

11. Industry or business **On farm**

12. Name **John B. Atteberry**

13. Birthplace **Unknown Tennessee**

14. Maiden name **Mary E. Bells**

15. Birthplace **Unknown Tennessee**

16. (a) Informant **Mrs. May C. Snider**

(b) Address **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **10 / 8 / 41**

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

18. (a) Signature of funeral director **Alma Lohmeyer**

(b) Address **Springfield, Missouri**

19. (a) **10-8-41** (b) **W. E. Handley**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **6th** year **1941** hour **4:30** minute **P. M.**

21. I hereby certify that I attended the deceased from **Oct 1** 19**41** to **Oct 6** 19**41** that I last saw him alive on **Oct 6** 19**41** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
Due to **Arteriosclerosis**

Other conditions **g3a**

Major findings: Of operations **g3a**

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

Signature **Fred R. Durrthony** (M. D. or other) **M.D.**
Address **Springfield, Mo.** Date signed **Oct 7 1941**

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

34
2
6

MOTHER FATHER

(Licensed Embalmers' Statement on Reverse Side)

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..... *Lewia G. Scharf*.....
Licensed Embalmer No. *3802*
P. O. Address..... *Springfield MA*.....

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.

X