

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
FILED NOV 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35537**

Registration District No. **561**

Primary Registration District No. **565 755**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **MILLET**
(b) City or town **Rural**
(c) Name of hospital or institution: **Homer 6 mi East/ELdon, Mo.**
(d) Length of stay: In hospital or institution **Lifetime**
In this community **Lifetime**

3. (a) PRINT FULL NAME **Charles Taylor Atkinson**

8. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **divorced**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Oct 5 1868**
(Month) (Day) (Year)

8. AGE: Years **73** Months **0** Days **17** If less than one day _____ hr. _____ min.

9. Birthplace **Miller Co. O Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business **Farming**

12. Name **William M. Atkinson**

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

14. Maiden name **Anna Atkin**

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

16. (a) Informant's own signature **Charles Atkinson**

(b) Address **Olean Mo. Rt 1**

17. (a) **Burial** (b) Date thereof **Oct 23 '41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Int. Pleasant Cem.**

18. (a) Signature of funeral director **Keith M. Page**

(b) Address **ELdon Mo**

19. (a) **10-22-41** (b) **Belle Hargreaves**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **MILLET Co**
(c) City or town **Rural**
(d) Street No. **6 mi east ELdon, Mo.**
(e) If foreign born, how long in U. S. A. **0** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **22** year **1941** hour **1** minute **15 AM**

21. I hereby certify that I attended the deceased from **Sep 1**, 19**41**, to **Oct 22**, 19**41**

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of Liver** Duration **?**

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) **H68**

Major findings: Of operations **1**

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? _____

While at work? _____ (Specify type of place) (e) Means of injury **0**

23. Signature **G. D. O. Allen** (M. D. _____)

Address **Eldon Mo** Date signed **10/28/41**

RECEIVED
Miller County Health Dept.
County File Number 41-108
Date Filed 11/6/41

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.....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.