

FILED JAN 21 1942
Registration District No. 85

Primary Registration District No. 5127

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Buchanan,

(b) City or town Rural, Washington, -1114
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R.F.D. # 4, St. Joseph, Mo. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 68 yrs. 2 mos. 13 days
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan /

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

(d) Street No. R.F.D. # 4, St. Joseph, Mo.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME George W. Atha,

3. (b) If veteran, name war None,

3. (c) Social Security No. None,

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2nd.
year 1942 hour 5:00 minute 15 p.m.

21. I hereby certify that I attended the deceased from 12-19
1941 to 1-2 1942
that I last saw him alive on 12-22 1941
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Anna Lee Atha

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased: October 19th, 1873
(Month) (Day) (Year)

Immediate cause of death Intra cranial pressure

Due to Bilateral subdural hematomas 15 days

Due to Automobile accident

Other conditions 170c-6
(Include pregnancy within 3 months of death)

8. AGE: Years 68 Months 2 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Buchanan County, Missouri,
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer,

11. Industry or business Farm,

12. Name Clifton S. Atha

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

14. Maiden name Mary Hornback

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

16. (a) Informant Mrs. George W. Atha

(b) Address R.F.D. # 4, St. Joseph, Mo.

17. (a) Burial (b) Date thereof 1/5/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frazier Cemetery,

18. (a) Signature of funeral director W. Eaton - Wholesale Bowman Funeral

(b) Address St. Joseph, Mo. Home

19. (a) Jan 5, 1942 (b) J. J. Riddleback
Date received local registrar (Registrar's signature)

Major findings: Of operations 170c-6
28

Of autopsy Bilateral subdural hematomas

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) Auto accident.

(b) Date of occurrence 12-18-41

(c) Where did injury occur? Country Road Buchanan, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Country Road (TRUCK TURNED OVER WHILE PASSING CAR)

While at work? No (Specify type of place) (e) Means of injury Auto accident

23. Signature Harold J. Brunner (M. D. or other) _____
Address St. Joseph, Mo. Date signed 1-5-42

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

100

JAN 16 1942

3531 1391 1500150

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 1-2-42

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

working under my personal supervision.

Signed W. B. Zimmerman

Licensed Embalmer No. 3-07

P. O. Address 319 So. 10 St. Memphis

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.