

S. No. 2  
M-1-4-41  
v. 5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2685  
Registrar's No. 12

FILED FEB 16 1942

Registration District No. 467

Primary Registration District No. 4280

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Aurora  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
325 McNatt Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 53 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
(c) City or town Aurora  
(If outside city or town limits, write "RURAL")  
(d) Street No. 325 McNatt Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Clyde E Atkisson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Rebecca Atkisson 6. (c) Age of husband or wife if alive ? years  
7. Birth date of deceased Aug. 31 1888  
(Month) (Day) (Year)

8. AGE: Years 53 Months 4 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name F.O. Atkisson  
13. Birthplace Barry County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Flora Ellis  
15. Birthplace Barry County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Flora Byrum  
(b) Address 325 McNatt Aurora Mo.

17. (a) Burial (b) Date thereof Jan. 23/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director [Signature]  
(b) Address Aurora Mo.

19. (a) Jan 23-1942 (b) [Signature]  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22  
year 1942 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 15  
\_\_\_\_\_ 1942 to Jan 22 1942  
that I last saw h. in alive on Jan 21 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 94a  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Aurora Date signed Jan 22 42

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

55-1-1

1156

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 242-240

Date Filed FEB 12 1942

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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 Herman Swridge

Licensed Embalmer No. 3072

P. O. Address Aurora Mo.

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.