

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: General Hospital No. 2  
(d) Length of stay: In hospital or institution 6-3-42-6-10-42  
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 2226 Harrison  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME C. ATCHISON  
3. (b) If veteran, name war no  
3. (c) Social Security No. none

4. Sex Male  
5. Color or race Negro  
6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Laura Atchison  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased February 4 1871

8. AGE: Years 71 Months 4 Days 6

9. Birthplace Robinson County Texas

10. Usual occupation Unemployed

11. Industry or business  
12. Name Daniel Atchison  
13. Birthplace Texas  
14. Maiden name Charlotte Sledge  
15. Birthplace Texas

16. (a) Informant Record Clerk  
(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 7-8-42

18. (a) Signature of funeral director  
(b) Address City

19. (a) 7-7-42 (b) M. M. Groves

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 10 year 1942 hour 2 minute 30 a. m.

21. I hereby certify that I attended the deceased from June 3 to June 10 1942 that I last saw him alive on June 10 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia  
Due to Chronic Nephritis

Due to Hypertrophy of Prostate  
Other conditions 131B  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature J. A. Brown (M. D. or other)  
Address Gen. Hosp. #2-601 E. 22 Date signed 6-11-42

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

341

SEP 25 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.....

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, fact should be so stated above.**