

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 41612

FILED JAN 15 1943

Registration District No. 277

Primary Registration District No. 4412

Registrar's No. 20

1. PLACE OF DEATH:

(a) County PIKE  
(b) City or town RURAL INDIAN  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME MARY ELIZABETH ATKINSON

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife SAMUEL J. ATKINSON 6. (c) Age of husband or wife if alive 83 years  
7. Birth date of deceased SEPT. 15 1860 (Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 22 If less than one day hr. min.

9. Birthplace OLNEY Mo. O (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

MOTHER FATHER { 12. Name ISAAC TRIPHETT 13. Birthplace VIRGINIA (City, town, or county) (State or foreign country)  
14. Maiden name TESSIE M. LEWIS 15. Birthplace KENTUCKY (City, town, or county) (State or foreign country)

16. (a) Informant NORMAN ATKINSON (b) Address CURRYVILLE Mo.

17. (a) BURIAL (b) Date thereof DEC 7 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation KILBY Mo.

18. (a) Signature of funeral director W. S. Waters

(b) Address Vandalia Mo.

19. (a) Jan 7/43 (b) W. H. Adams (Date received local Registrar) (Registrar's signature)

1148 70072 F (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 82  
(c) City or town RURAL (If outside city or town limits, write "RURAL") 0  
(d) Street No. INDIAN Township (If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5 year 1942 hour 11 P M minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Nov. 23rd 1942 to Dec. 5th 1942, that I last saw him alive on Nov. 23, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chronic myocarditis (Include pregnancy within 3 months of death)

Major findings: Of operations no 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? \_\_\_\_\_

(Specify type of place) While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature J. B. Briggs, M.D. (M. D. or other) \_\_\_\_\_  
Address Springfield, Mo. Date signed 12/7/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 1-43-125

Date Filed Jan-13-1943

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

W. S. Waters

Licensed Embalmer No. 4298

P. O. Address Vandalia, 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.