

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 59

Primary Registration District No. 4097

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Harrisonville
(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 54 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARTHA JANE 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 Married
divorced Married
6. (b) Name of husband or wife John F. Rankin Atkinson 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Aug 27 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 17 If less than one day hr. min.

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

10. Usual occupation Home-maker

11. Industry or business

12. Name Benjamin Richardson
13. Birthplace New York
(City, town, or county) (State or foreign country)
14. Maiden name Cathryn Rankin
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant John Atkinson

(b) Address Harrisonville Mo.

17. (a) Burial (b) Date thereof Mar 14-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freeman Mo.

18. (a) Signature of funeral director RUNNENBURGER'S

(b) Address HARRISONVILLE, MO.

19. (a) March 14, 1943 (b) Margaret Talle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 12
year 1943 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from Mar 9 1943 to March 12 1943
that I last saw her alive on March 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza with Pneumonia
chronic Organic Heart disease

Due to 33a

Other conditions 33a
(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? (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 J. R. Seath (M. D. or other) 0
Address Harrisonville Mo Date signed Mar 14, 1943

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

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

Elnes Raminenburger

Licensed Embalmer No.

3368

P. O. Address

Harrisonville 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.