

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10720

State File No.

FILED APR 19 1943

Registration District No. 778

Primary Registration District No. 4286

Registrar's No. 38

1. PLACE OF DEATH:
(a) County Lewis
(b) City or town La Grange
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 38 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME John William Atteberry
(b) If veteran, name war No (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Jennie B. Atteberry (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 28th. 1864 (Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 25 If less than one day hr. min.

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

10. Usual occupation Minister

11. Industry or business

MOTHER FATHER { 12. Name William Thomas Atteberry
13. Birthplace Hukusaw, Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Martha Elzira Speer
15. Birthplace Hukusaw, Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Ethel Atteberry
(b) Address La Grange, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 25th. 1943 (Month) (Day) (Year)

(c) Place: burial or cremation La Grange, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address La Grange, Mo.

19. (a) 3/24/43 (Date received local registrar) (b) P. W. Jennings, MD (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 56
(a) State Missouri (b) County Lewis
(c) City or town La Grange (If outside city or town limits, write "RURAL")
(d) Street No. / (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 23 year 1943 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 1942 to Mar 23 1943
that I last saw him alive on Mar 22 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Insufficiency Duration 9

Due to Arteriosclerosis 1. meag

Due to

Other conditions (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

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 La Grange, Mo

Date signed 3-24-43

RECEIVED

District Health Officer No. 10

Death File Number 4-43-691

Date Filed APR 8 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.....

A.A. Roberts....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No. 1626

P. O. Address.....La Grange, Missouri

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10720
38
Registrar's No. _____

Registration District No. 178

Primary Registration District No. 4286

1. PLACE OF DEATH: Lewis
(a) County La Grange
(b) City or town La Grange
(If outside city or town limits, write "RURAL" and name of Township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 38 yrs.
years, months or days

3. (a) PRINT FULL NAME John Wm Atteberry
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
7. Birth date of deceased Oct 28 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 20 If less than one day _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (City, town, or county) (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 3
year 1943 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____
that I saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Cardiac insufficiency
Duration _____

Due to chronic leukemia
Due to _____
Other conditions _____
(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 Dr. J. H. H. H. (M. D. or other) _____
Address St. Louis, Mo. Date signed 4/20/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

5-10720