

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED MAY 18 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18592
Do not use this space.

1. PLACE OF DEATH

(a) County Barren Registration District No. 262
 (b) Township Barren Primary Registration District No. 43740 Registered No. 77
 (c) City Bakersfield (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred _____ yrs. mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME Benjamin Franklin Atkinson

(a) Residence, No. R. 7 N St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Christina Deam
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 9 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation all his life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co. Mo. - O

13. NAME Benjamin Atkinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) O. G.

17. INFORMANT Deam and Atkinson (ADDRESS) Bakersfield - MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Bakersfield DATE Apr 16 1943

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Family & Friends

20. FILED 5-1 1943 C. A. Beach Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 1943
 22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1932, to Apr 16, 1943
 I last saw him alive on Apr 16, 1943 Death is said to have occurred on the date stated above, at 2.2 m.
 The principal cause of death and related causes of importance were as follows:

Postmortal aneurysm T. B.
13 1/2
 Date of onset _____
 Other contributory causes of importance: Advanced age

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____
 (Signed) Delrah Doan, M. D.
 (Address) Bakersfield MO

RECEIVED

Health Officer No. 6,

District No. 543-607

Date Filed MAY 1 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.....

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, above space should be left blank.