

FILED JUL 4 1943 71

Registration District No. \_\_\_\_\_

Primary Registration District No. 3012

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Excelsior Springs, Mo  
(c) Name of hospital or institution: Veterans Administration Facility  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Days (Specify whether  
In this community unknown (Yes or No)  
years, months or days)

3. (a) PRINT FULL NAME Irad W. H. Atkinson

3. (b) If veteran, name war Philippine Insurrection 3. (c) Social Security not remembered

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise E. Atkinson 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased September 16, 1868  
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Physician

11. Industry or business "

12. Name Jasper L. Atkinson

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

14. Maiden name Catherine Aukerman

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

16. (a) Informant Hospital Records, Veterans Adm-

(b) Address inistration, Excelsior Springs, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-1-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Liberty, Mo

18. (a) Signature of funeral director Claude Prichard

(b) Address Excelsior Springs, Mo

19. (a) 6-1-43 (Date received local registrar) (b) Mrs Sadie Redman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay  
(c) City or town Excelsior Springs, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Titus Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st  
year 1943 hour 4:35 minute AM M.

21. I hereby certify that I attended the deceased from May 30, 1943 to June 1, 1943,  
that I last saw him alive on June 1, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Lung abscess, right lower lobe Duration unknown

~~Due to~~ Pneumonia, hypostatic, bilateral unknown

Due to Chronic interstitial nephritis unknown

Other conditions Retention cysts, both kidneys unknown  
(Include pregnancy within 3 months of death)

~~MYXOMA~~ Arteriosclerosis, generalised unknown

Of autopsy As shown above 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 \_\_\_\_\_

(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 place) \_\_\_\_\_ (Specify duty)

23. Signature FORREST G. BELL (M. D. or other) M.D.  
Address Excelsior Springs, Mo Date signed 6/1/43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed

7-1-43

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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

*Robert Ray*

Licensed Embalmer No.

4182

P. O. Address

Excelsior Spgs, N.J.

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.