

5. No. 2
9-4-41
5-17-39
1-1-42

FILED
AUG 6 1943

6

Primary Registration District No. 3001

Registrar's No. 16

1. PLACE OF DEATH:

(a) County AUDRAIN
(b) City or town VANDALIA Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
613 N. Walnut St 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) 2 MO'S

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JACKSON ⁴⁸
(c) City or town KANSAS CITY, MO. ³
(If outside city or town limits, write "RURAL") ⁸
(d) Street No. 3214 CLEVELAND
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME VERA CLARENCE ATCHISON

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race AMERICAN 6. (a) Single, widowed, married, divorced. SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. JAN. 13 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
20 4 31 hr. min.

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

10. Usual occupation (INVALID)

11. Industry or business _____

MOTHER FATHER { 12. Name ROBERT ATCHISON
13. Birthplace AUDRAIN COUNTY, MO. (City, town, or county) (State or foreign country)
14. Maiden name MAUREEN NORMAN ATCHISON
15. Birthplace MONROE COUNTY, MO. (City, town, or county) (State or foreign country)

16. (a) Informant MRS. MAUREEN ATCHISON
(b) Address VANDALIA Mo.

17. (a) BURIAL (b) Date thereof 6-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SOUTH FORK CEMETARY

18. (a) Signature of funeral director Wm Ed Smith
(b) Address Vandalia Mo.

19. (a) JUNE 6 1943 (b) Thelma Fugua
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4th
year 1943 hour 12:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 18
1943, to June 4th 1943
that I last saw h _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death. Acute Myocarditis ^{2 day}
Due to Hypertensive pneumonia ^{2 wks}
Due to Epilepsy ^{10 yrs.}
Other conditions Myeloid Leucemia
(Include pregnancy within months of death)

Duration
2 day
2 wks
10 yrs.
PHYSICIAN

Underline the cause to which death should be charged statistically.

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. R. P. Marshall (M.D. or other) OB
Address Vandalia Mo Date signed June 5th

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

1073

RECEIVED

District Health Officer No. 10

State File Number 8-43-1234

Date Filed AUG 5 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.....

Clyde Wilbey

Licensed Embalmer No. 3820

P. O. Address *Perry 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.

Registration District No. 6

Primary Registration District No. 3001

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Audrain
 (b) City or town Vandalia
(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 years, months or days)

3. (a) PRINT FULL NAME Virgil C. Atchison
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex M 5. Color or race _____
 6. (a) Single, widowed, married, divorced S
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan 12
(Month) (Day) (Year)

8. AGE: Years 20 Months 4 Days 3
(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 _____ Year 1943 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.
 Immediate cause of death acute myocarditis Duration

Due to hypostatic pneumonia / (Lobar)

Due to Epilepsy

Other conditions myelogenous leukemia
(Include pregnancy within 7 months of death)

Major findings: Of operations _____

Of autopsy 108

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 _____

(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 R. P. Marshall (M. D. or other) Do

Address Vandalia Date signed Aug 12

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

SUPPLEMENTARY

S-24229