

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

1206

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 19 1949

Primary Registration District No. 1002

Registrar's No. 5704

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1014 Broadway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 years. (Specify whether years, months or days)

In this community 30 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1014 Broadway
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Robert H. Atkinson

3. (b) If veteran, name war none

3. (c) Social Security No. 495-03-5416

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31st year 1943 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1943 to 1943, 19...
Deputy Coroner

that I last saw h... alive on... 19...
and that death occurred on the date and hour stated above.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs. Mamie C. Atkinson alive 53 years

6. (c) Age of husband or wife if December 8, 1873

7. Birth date of deceased. (Month) (Day) (Year)

Immediate cause of death.

Atherosclerotic heart disease

Due to disease

Due to 93d

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

70 0 23 hr. min.

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

10. Usual occupation Printer

11. Industry or business Advertising etc

12. Name David Atkinson

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

14. Maiden name Jane Atkinson

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

16. (a) Informant Mrs. Mamie C. Atkinson

(b) Address 1014 Broadway

17. (a) Burial (b) Date thereof Jan 3, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Joyce Funeral Home

(b) Address 3146 Main St

19. (a) Dec 31, 1943 (b) B. Brown
(Date received local registrar) (Registrar's signature)

Major findings: Of operations

Of autopsy inspection of history

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) (Specify type of work)

23. Signature W. E. ... (M. D. or other) W. E. ...

Address 1511 W. ... Date signed 1/1/44

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..... *Park G. Rowe*

Licensed Embalmer No. *2347*

P. O. Address..... *15 E. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.