

Registration District No. **270**

Primary Registration District No. **3050**

1. PLACE OF DEATH:

(a) County **PERMISCO**  
(b) City or town **CARTHERSVILLE, MO**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **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)

3. (a) PRINT FULL NAME **DR. FRANK R. ATKINS**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife **BLANCHE ATKINS** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **2 24 1857**  
(Month) (Day) (Year)

8. AGE: Years **86** Months **10** Days **12** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **GREENVILLE, MO. MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **M.D.**

11. Industry or business \_\_\_\_\_

12. Name **JAMES A. ATKINS**

13. Birthplace **UNKNOWN** ✓  
(City, town, or county) (State or foreign country)

14. Maiden name **AUGUSTA SARAH** 15. Birthplace **ENGLAND**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Virginia A. Ward**

(b) Address **Carthersville, Mo.**

17. (a) **Burial** (b) Date thereof **1 7 44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **hills Graves**

18. (a) Signature of funeral director **Robert R. Brown**

(b) Address **Carthersville, Mo.**

19. (a) **1-31-1944** (b) **Jessie W. Marney**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Permisco**  
(c) City or town **Carthersville, Mo.**  
(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 **Jan 5<sup>th</sup>** day **1944**  
year \_\_\_\_\_ hour **11** minute **15** a.m.

21. I hereby certify that I attended the deceased from **6 or 7 mos. before death**  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

**Arteriosclerosis**

Due to \_\_\_\_\_

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 \_\_\_\_\_  
(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 **J. B. Luten** (M. D. or other) \_\_\_\_\_  
Address **Carthersville, Mo.** Date stated **1-31-44**

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

1-44-18

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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 Alvin R. Brown

Licensed Embalmer No.....

P. O. Address Cauthersville

**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.**