

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17725

State File No. _____

FILED MAY 18 1944

Registration District No. 57

Primary Registration District No. 4097

Registrar's No. 73

1. PLACE OF DEATH:

- (a) County Cass
(b) City or town Harrisonville
(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 5 months (Specify whether)
In this community 5 months years, months or days

8. (a) PRINT FULL NAME LEWIS PRICE ATTEBERRY

8. (b) If veteran, ✓ name war ✓
3. (c) Social Security No. ✓

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

6. (b) Name of husband or wife Sarah L. Atteberry 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased May 12 1862 (Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 28 If less than one day hr. min.

9. Birthplace Macon Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer & Merchant - Retired

11. Industry or business

12. Name Wm Ellis Atteberry

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

14. Maiden name Cynthia Campbell

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

16. (a) Informant Mrs H L Osborn

- (b) Address Harrisonville, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof May 11 1944 (Month) (Day) (Year)

- (c) Place: burial or cremation Elmer Mo

18. (a) Signature of funeral director RUNNENBURGER'S

- (b) Address HARRISONVILLE, MO

19. (a) May 10, 1944 (Date received local registrar) (b) Margaret Tolle (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Macon

- (c) City or town Elmer Mo (If outside city or town limits write "RURAL")

- (d) Street No. _____ (If rural, give location)

- (e) If foreign born, how long in U. S. A.? 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1944 hour 9:30 minute A M.

21. I hereby certify that I attended the deceased from 5-5- 1944 to 5-10- 1944

- that I last saw him alive on 5-9- 1944

- and that death occurred on the date and hour stated above.

- Immediate cause of death Cerebral Hemorrhage

- Cerebral Hypertension

- Due to _____

- Due to g3a

- Other conditions (Include pregnancy within 3 months of death)

- 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? David Elmer (Specify type of place) (Means of injury)

23. Signature David Elmer (M. D. or other)

- Address Harrisonville Mo Date signed 5/10

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 _____

Ernest M. Rannenburg

Licensed Embalmer No. _____

3368

P. O. Address _____

Harrisonville, 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, above space should be left blank.