

FILED JUL 11 1944
Registration District No. _____

Primary Registration District No. **3044**

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

1. PLACE OF DEATH: **MILLER.**
(a) County _____
(b) City or town **ELDON**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **none**
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **14 yrs.** years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **MILLER-66**
(c) City or town **ELDON - MO**
(If outside city or town limits, write "RURAL") _____
(d) Street No. **323-N. OAK**
(If rural, give location) _____
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **AMANDA-VIOLA-ATKINSON**
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **1**
year **1944** hour **9** minute **15 A.** M.

4. Sex **FEMALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married **MARRIED**
6. (b) Name of husband or wife **WILLIAM-E-ATKINSON**
6. (c) Age of husband or wife if alive **85** years
7. Birth date of deceased **Aug 21 1865**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **6-15** to **7-1**
and that death occurred on the date and hour stated above.
Immediate cause of death **CARDIAC FAILURE**

8. AGE: Years **78** Months **10** Days **10** If less than one day _____ hr. _____ min.

Due to **DIABETES MELLITUS** 6 YRS
Due to **PERIPARITIS** 10 YR

9. Birthplace **FAIRFIELD** **Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE-WORK.**

11. Industry or business **HOME**

12. Name **DAVID-M-HITE**

13. Birthplace **unknown** **Pa**
(City, town, or county) (State or foreign country)

14. Maiden name **Lucy SNYDER**

15. Birthplace **unknown** **Pa**
(City, town, or county) (State or foreign country)

16. (a) Informant **M.G. Atkinson**

(b) Address **H10-W-33-K.C. MO**

17. (a) **BURIAL** (b) Date thereof **July 3-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FREEMAN - MO**

18. (a) Signature of funeral director **Paul McKay**

(b) Address **ELDON MO**

19. (a) **7-1-44** (b) **J.S. Spearman**
(Date received local registrar) (Registrar's signature)

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

Major findings: _____

Of operations **61**

Of autopsy **no**

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 **A.F. Berkstrom** (M. D. or other) **D.O.**

Address _____ Date signed **7-1-44**

RECEIVED

Miller County Health Dep't.

County File Number 44-64

Date Filed 7-5-44

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

Keith M. Kays

Licensed Embalmer No. 3998

P. O. Address Eldon 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.