

FILED NOV 2 1944

Primary Registration District No. **5332-23**

Registrar's No. **80**

1. PLACE OF DEATH:

(a) County **Holt**
(b) City or town **Maitland Clay Co**
(c) Name of hospital or institution: **Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
In this community **all his life**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Holt**
(c) City or town **Maitland**
(If outside city or town limits, write "RURAL")
(d) Street No. **Clay St "Rural"**
(If rural, give location)
(e) Citizen of foreign country? **No**
If yes, name country **0**

3. (a) PRINT FULL NAME **Clyde Monroe Atkins**

3. (b) If veteran, name war **---** 3. (c) Social Security No. **---**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife **Naisy Atkins** 6. (c) Age of husband or wife if alive **49** years
7. Birth date of deceased **Sept 23 1893**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **18** year **1944** hour **12** minute **45 P** M.
21. I hereby certify that I attended the deceased from **Sept 25**, 19**44** to **Oct 18**, 19**44**
that I last saw him alive on **Oct 18**, 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chorea**

Duration

2 Wks

Due to **Acute Rheumatoid Fever**

Due to **Pyorrhoea of Teeth**

Other conditions (Includes pregnancy within 3 months of death)

Major findings: Of operations **58**

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 **D. Perry** (M. D. or other) **MD**
Address **Maitland City Mo** Date signed **10-17-44**

8. AGE: Years Months Days If less than one day
51 0 25 hr. min.

9. Birthplace **Thos Maitland O Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Elmer Ellsworth Atkins**

13. Birthplace **Near Huntington Indian**
(City, town or county) (State or foreign country)

14. Maiden name **Elizabeth Augusta Capps**

15. Birthplace **Near Anderson Indian**
(City, town, or county) (State or foreign country)

16. (a) Informant **Carroll Atkins**

(b) Address **Maitland, Missouri**

17. (a) **Burial** (b) Date thereof **10-20-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maitland R.O.P.**

18. (a) Signature of funeral director **Campbell Funeral Home**

(b) Address **Marionville Missouri**

19. (a) **10-19-44** (b) **Pauline Dawson**
(Date received local registrar) (Registrar's signature)

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

44
0
0

-203
12/44

NOV 3 1940

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 William Campbell

Licensed Embalmer No. 2620

P. O. Address Maryville 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.