

Registration District No. _____

Primary Registration District No. **5-348**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Dallas**
(b) City or town **Louisburg, Mo**
(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 **1**
(Specify whether _____)
In this community **life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dallas**
(c) City or town **Louisburg**
(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 _____

3. (a) PRINT FULL NAME **JOHN ABRAHAMATSHLEY**

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 **Married**
6. (b) Name of husband or wife **Mary** 6. (c) Age of husband or wife if alive **72** years
7. Birth date of deceased **Mar 13 1871**
(Month) (Day) (Year)

8. AGE: Years **73** Months **8** Days **1** If less than one day _____ hr. _____ min.

9. Birthplace **Louisburg Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Merchant**

11. Industry or business _____

MOTHER FATHER { 12. Name **Morgan Atchley**
13. Birthplace **1 Tenn**
(City, town, or county) (State or foreign country)
14. Maiden name **Virginia Lindsey**
15. Birthplace **Hickory Co Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs J. Atchley**
(b) Address **Louisburg**

17. (a) **Burial** (b) Date thereof **11-8-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Louisburg**

18. (a) Signature of funeral director **R. B. Jones**

(b) Address **Buffalo Mo**

19. (a) **11-14-44** (b) **R. B. Jones**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **5**
year **1944** hour **5** minute **30 P.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**
Duration **30 min**

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature **R. B. Jones** (M. D. or other) _____
Address **Buffalo Mo** Date signed **11-14-44**

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

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11-44-1310
Data Files 12-4-44

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 M. W. B. Jones

Licensed Embalmer No. 4322

P. O. Address Buffalo, 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.