

FILED FEB 8 1945  
 128

Registration District No. ....

Primary Registration District No. 2000

Registrar's No. 48

1. PLACE OF DEATH:  
 (a) County. GREENE  
 (b) City or town. Springfield,  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2401 S. Dollison  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. None  
(Specify whether  
 In this community 5 1/2 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State. Missouri (b) County. Greene  
 (c) City or town. Springfield,  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2401 S. Dollison  
(If rural, give location)  
 (e) Citizen of foreign country? ..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Stanley Atteberry  
 (b) If veteran, name war. Unknown  
 (c) Social Security No. Unknown

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month January day 17th,  
 year 1945 hour 7:00 minute P. M.

4. Sex. Male 5. Color or race. White  
 6. (a) Single, widowed, married, divorced. Married  
 6. (b) Name of husband or wife. Mrs. Sue Atteberry  
 6. (c) Age of husband or wife if alive. Unknown years  
 7. Birth date of deceased. December 7, 1889  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1  
1945, to Jan 17, 1945.  
 that I last saw him alive on Jan 17, 1945;  
 and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 1 Days 10  
 If less than one day hr. min.

Immediate cause of death.  
Cerebral Occlusion

9. Birthplace. Greene County, Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation. Real Estate

Due to .....  
 Due to .....  
 Other conditions (Include pregnancy within 3 months of death) ↑↑

11. Industry or business  
 12. Name. James O. Atteberry  
 13. Birthplace. Cassville, Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name. Mary E. McCorkle  
 15. Birthplace. UNK. UNK.  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations .....  
 Of autopsy.....  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

16. (a) Informant. Mrs. Sue Atteberry  
 (b) Address. Springfield, Missouri  
 17. (a) Burial (b) Date thereof. Jan. 22, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation. Hazelwood Cemetery

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)

18. (a) Signature of funeral director. Alma Lohmeyer Funeral Home  
Springfield, Missouri  
 (b) Address. Springfield, Missouri  
 19. (a) 1-22-45 (b) S. W. Handley  
(Date received local registrar) (Registrar's signature)

While at work? ..... (e) Means of injury.....  
 23. Signature. W. H. Deibel (M. D. or other) Jan 18/45  
 Address. Springfield, Mo. Date signed.....

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

MOTHER FATHER

MAY 9 1946

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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..... *Lewis G. Scherff* .....

Licensed Embalmer No. *3802* .....

P. O. Address *Springfield 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.**

*X*