

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17536

State File No. 17536

Registration District No. 213

Primary Registration District No. 5781

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Rural - Glaze
(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 year
(Specify whether years, months or days)

3. (a) PRINT FULL NAME JAMES HOWARD ATKINSON

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

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

6. (b) Name of husband or wife Maie (Jones) Atkinson 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased Dec. 17, 1869
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 14 If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business

12. Name Eugene Atkinson

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

14. Maiden name Rada Die

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

16. (a) Informant Mrs. James Wilson

(b) Address Union, Mo

17. (a) Burial (b) Date thereof 5-12-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Watkins, Mo

18. (a) Signature of funeral director E. L. Bailey

(b) Address Union, Mo

19. (a) May 16, 1945 (b) Mrs. C. R. Hawkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Miller
(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Union, Mo. R#1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1945 hour 2 minute a M.

21. I hereby certify that I attended the deceased from June 43 to May 10, 1945
that I last saw him alive on May 10, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 2 yrs.
Due to Chronic Glomerulonephritis 6 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131N
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) (c) Means of injury 2

23. Signature M. E. Thompson (M. D. or other) D.O.
Address Juncumbia Mo Date signed 5-14-45

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Miller County Health Dep't.

County File Number 45-55

Date Filed 6-6-45

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

C. B. Casey

Licensed Embalmer No.

2694

P. O. Address

Brick, 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.