

FILED SEP 11 1945

State File No.

Registration District No. 27

Primary Registration District No. 2005

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Butler Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 2 week(s).
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town Butler
(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 Theresa May Atkinson

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Will Stkinson

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May 18 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>2</u>	<u>24</u>	hr. min.

9. Birthplace Bates County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name John H. Beaman

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

14. Maiden name Eliza Miller

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

16. (a) Informant Roy Beaman

(b) Address Bolivar, Missouri

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Aug 13, 1945
(Month) (Day) (Year)

(c) Place: burial or cremation Johnstown Culver-Underwood

18. (a) Signature of funeral director Funeral Service

(b) Address Butler, Missouri

19. (a) Aug-14, 1945 (Date received local registrar)

(b) Kelaine Cumpton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12
year 1945 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from Aug 5
1945 to Aug 12 1945
that I last saw her alive on Aug 12 1945
and that death occurred on the date and year stated above.

Immediate cause of death.....

Due to Carcinoma Liver

Due to Secondary Anemia

Due to Carcinoma Colon

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

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

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?

23. Signature Orville W. Lutes (M. D. or other)

Address Butler, Mo. Date signed 8/17/45

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

MOTHER FATHER

13 06

RECEIVED

District Health Officer No. 7,

District File Number 8-43-913

Date Filed 9-8-45

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

John G. Henderson

Licensed Embalmer No. 3585

P. O. Address Butler, Missouri

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.