V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 24 1945

State File No. 33125

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1105

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: Standard Oil Co., 9th. & Monteray St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 25 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan, 11

(c) City or town Saint Joseph, 1 (If outside city or town limits, write "RURAL")

(d) Street No. 2215 Jackson Street, 7 (If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Norval Z. Atkins,

3. (b) If veteran, name war None,

3. (c) Social Security No. 491-10-4185

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Doris Kenyon Atkins,

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased March 4th. 1915 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
30	7	8	hr. min.

9. Birthplace Stewartsville, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Dray Truck Driver

11. Industry or business Standard Oil Co.

FATHER
12. Name Zeonona B. Atkins,
13. Birthplace Scottsville, Missouri 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Maye Ellis
15. Birthplace Clarksdale, Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dora K. Atkins,

(b) Address 2215 Jackson Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/13/45 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery,

18. (a) Signature of funeral director Hedon B. Gale Bowman

(b) Address 319 South 10th. Street,

19. (a) 10-15-1945 (Date received local registrar) (b) H. J. Mestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12th. year 1945 hour 9:00 minute 30 a.M.

21. I hereby certify that I ~~attended~~ viewed the deceased from Oct 12th, 1945, 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 Injuries received when barrel of Gasoline fell on head

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 1452
Of autopsy HO

Duration

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) Accident 131

(b) Date of occurrence Oct 12th 1945

(c) Where did injury occur? St Joseph, Buch, Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? Yes (e) Means of injury barrel fell on head

23. Signature B. W. Tadlock Coroner (M.D. or other)

Address King Hill Bldg ST. JOSEPH Date signed 10/12/45

1428 (Licensed Embalmer's Statement on Reverse Side)

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. Frank A. Bowman

Licensed Embalmer No. 1710

P. O. Address. St Joseph 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.