S. No. 2
M—8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 15 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3215

Registration District No. 187 Primary Registration District No. 5697 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Rural-Richhill Twp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5 miles Northeast of Chillicothe, Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 81 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. 5 miles Northeast of Chillicoth (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME SEIGLE ATKINS

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ada Atkins

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased May (Month) 6th (Day) 1863 (Year)

8. AGE: Years 82 Months 7 Days 26 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name William Atkins

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

14. Maiden name Mary Leaf

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

16. (a) Informant Russell Atkins

(b) Address Chillicothe, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-46 (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Missouri.

19. (a) Jan - 3 - 46 (Date received local registrar) (b) Francis B. Neill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2 year 1946 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from 15 Dec 1945 to 2 Jan 1946 that I last saw him alive on 31 Dec 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency — Duration

Due to Influenza

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 C. D. Vandiver (M. D. or other) M.D.

Address Chillicothe Mo Date signed 1-3-46

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(Licensed Embalmer's Statement on Reverse Side)

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

1521

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

Elton F. Norman, Registered Apprentice No.

working under my personal supervision.

Signed Elton F. Norman.

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.