

FILED MAR 1 1946 STANDARD CERTIFICATE OF DEATH

State File No. 4433

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Kirksville  
(If outside city or town limits, write "RURAL" and name of township)  
(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 Jan 10-1946  
(Specify whether  
In this community Two days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Schuyler  
(c) City or town Queensey  
(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

John Daniel Atkinson

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

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

6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan 10 (Month) (Day) 1946 (Year)

8. AGE: Years Months Days If less than one day  
2 hr. min.

9. Birthplace Kirksville MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name A. J. Atkinson  
13. Birthplace Near Queensey MO  
(City, town, or county) (State or foreign country)  
14. Maiden name C. E. Badger  
15. Birthplace Near Queensey MO  
(City, town, or county) (State or foreign country)

16. (a) Informant A. J. Atkinson  
(b) Address Queen City MO

17. (a) Burial (b) Date thereof 1 12 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Queensey MO

18. (a) Signature of funeral director Wm O West  
(b) Address Queensey MO

19. (a) 1-21-46 (b) Kate Lambert  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12  
year 1946 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from January 10  
1946 to January 12 1946  
that I last saw him alive on Jan 12 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death aspiration pneumonia

Due to partial fetal asphyxia during labor

Due to cord compression during labor

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy 157

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) (e) Means of injury \_\_\_\_\_

23. Signature Robert S. Gordon (M.D. or other) DO  
Address Kirksville, Mo Date signed 1-18-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3475

RECEIVED

District Health Officer No. 10

District File Number 2-46-329

Date Filed FEB 28 1946

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 none

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed: Wm J. West

Licensed Embalmer No. 2882

P. O. Address: Queer City 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.