S. No. 2 M—5-43 . 5-17-39	DEPARTMENT OF COMMERCE THE STATE BOARD OF FEBRUARY OF THE CENSUS STANDARD CERTIFIED MAY 1 7 1946	ICATE OF DEATH State File No. 17175
1 X35671	Registration District No. Primary Registration District	• • • • • • • • • • • • • • • • • • •
A PERMANENT' RECORD	1. PLACE OF DEATH: (a) County Lawrence (b) City or town. Mt. Vernon my AURAL" and name of township) (c) Name of hospital or institution: Missouri State Sanatorium (If not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution. 530 days. (Specify whether years, months or days)	2. USUAL RESIDENCE OF DECEASED: (a) State MISSOURI (b) County Johnson 5 (c) City or town Blainstown (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. (c) PRINT George Atkinson 3. (d) If veteran, 3. (c) Social Security	MEDICAL CERTIFICATION 20. DATE OF DEATH: Month April day 3d year 1946 hour 1:40 minute A M.
INKMAKE	name war NO No/492-13-8/433 5. Color or 6. (a) Single, widowed, married, divorced Married	21. I hereby certify that I attended the deceased from Hay 8th , 19 45 to April 3 , 19 46
	6. (b) Name of husband or wife 6. (c) Age of husband or wife if Fannie Smetiers Atkinson alive 61 years	that I last saw h im alive on April 3 19 46 and that death occurred on the date and hour stated above. Immediate cause of death Pulmonary Tuberculosis Abt 15 me
16056 Unfading black	7. Birth date of deceased Sept. 17th 1882 (Month) (Day) (Year) 8. AGE: Years Months Days If less than one day	Generalized carcinomatosis Abt 6 mo
.605 Infadi	9. Birthplace Mirabile Missouri (City, town, or county) (State or foreign country)	Due to
-use	10. Usual occupation Farmer 11. Industry or business 12. Name Lewis Jasper Atkinson	Other conditions (Include pregnancy within 3 months of death) Major findings: Of operations Underline
WRITE PLAINLY	13. Birthplace. Unknown (City, town, or county) (State or foreign country) 14. Maiden name. Willie Morgan 15. Birthplace. Unknown Tennessee (City, town, or county) (State or foreign country) E Mahie he had Become Clark	Of autopsy the cause to which death should be charged statistically. 22: If death was due to external causes, fill in the following:
WRIT	(b) Address No. State San. Itt. Vernon, No.	(a) Accident, suicide, or homicide (specify) (b) Date of occurrence (c) Where did injury occur? (City or town) (County) (State)
y	(Burial, cremation, or removal) (c) Place: burial or cremation Blains Jam Cem Holds 18. (a) Signature of funeral director N. D. Hossets (b) Address Welson W.	(Specify type of place) While at work? (2) Means of injury
" "	19. (a) 17-29-46 (b) (Registrar a signature) 15 9 (Licensed Embalmer's Sta	23. Signature (20 Drusher) Address Mount Vernon, Wissouri Date signed 4-3-46 tement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 15 1946

Date Filed -- MAY 15 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the r	everse side of this certificate was embalmed by me, or by
	, Registered Apprentice No
orking under my personal supervision.	·
	Signed May L. Fossett
	Licensed Embalmer No. 4252

P. O. Address MM Lrunn, Mil

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.