S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20609

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 232

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Independence Sanitarium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One Week (Specify whether
In this community One Month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Indiana (b) County Tippecanoe 194

(c) City or town La Fayette 12
(If outside city or town limits, write "RURAL")

(d) Street No. 504 Owens St. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME OLIVER R. ATWELL

3. (b) If veteran, name war World War One

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Minnie Mary Atwell

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased March (Month) 22 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
77	3	1	hr. min.

9. Birthplace Unknown (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation Repairmen Of Funiture

11. Industry or business

FATHER
12. Name Benijmem Atwell
13. Birthplace Unknown (City, town, or county) Illnois 1 (State or foreign country)

MOTHER
14. Maiden name Mary White
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Minnie M. Atwell 1

(b) Address La Fayette, Indiania

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/25/46 (Month) (Day) (Year)

(c) Place: burial or cremation La Fayette, Indinia

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Missouri

19. (a) 6-30-46 (Date received local registrar) (b) [signature] (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1946 hour 10 minute 35 A. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw him alive on June 23, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	4 days
Due to uremia	weeks
Due to cerebral hemorrhage with left hemiplegia	weeks
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.

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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 Vance E. Link, M.D. (M. D. or other) 0

Address Independence, Mo Date signed 6/24/46

(Licensed Embalmer's Statement on Reverse Side)

JUL 16 1946

AUG 15 1946

OCT 2 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Raymond N. Martin

Licensed Embalmer No. 4150

P. O. Address Fredericktown 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.