S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29916

Registration District No. 101 Primary Registration District No. 4173 Registrar's No. 56

1. PLACE OF DEATH:
(a) County Douglas
(b) City or town Ava
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Douglas 34
(c) City or town Ava
(If outside city or town limits, write "RURAL") /
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Oral A. Atteberry
3. (b) If veteran, name war World War One
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Zella G. Kester Atteberry
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased October 15, 1895 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
50	9	5	hr. min.

9. Birthplace Elmer, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Postal Clerk
11. Industry or business
FATHER 12. Name Louis P. A. Atteberry
FATHER 13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Dorthulla Agee
MOTHER 15. Birthplace Unknonw (City, town, or country) (State or foreign country)
16. (a) Informant Lewis E. Atteberry
(b) Address 215 S. Cooper St. Memphis, Tenn.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-46 (Month) (Day) (Year)
(c) Place: burial or cremation Ava
18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri
19. (a) Sept. 5-46 (Date received local registrar) (b) Vestal Buchman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1946 hour minute M.
21. I hereby certify that I attended the deceased from July 20, 1946, to July 20, 1946; that I last saw him alive on July 20, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia Pectoris	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 94B

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 2
23. Signature Dr. C. E. Hulen (M. D. or other) D.O.
Address Ava Mo. Date signed 7-24-46

84 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District H. Officer No. 6,
District File 946-956
Date Filed SEP 1 6 1948

APR 1 1947

JAN 27 1947

MAY 16 1947

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 W B Hutchison

Licensed Embalmer No. 3431

P. O. Address Ona

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.