

FILED DEC 16 1946

4228

Registrar's No. 47

Registration District No. 2

Primary Registration District No.

1. PLACE OF DEATH:

(a) County HOWARD
(b) City or town PLAS GOW
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 years 6 months
(Specify number)
In this community 4 years 6 months
years, months or days

3. (a) PRINT FULL NAME William Smiley Atkinson

3. (b) If veteran, name war _____ 3. (c) Social Security No. 494-20-7794

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edna Atkinson 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased March 10 1898
(Month) (Day) (Year)

8. AGE: Years 48 Months 8 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business Farming

12. Name William Atkinson

13. Birthplace Boonville MO.
(City, town, or county) (State or foreign country)

14. Maiden name Ella Kneeder

15. Birthplace Boonville MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna Atkinson

(b) Address Glasgow MO.

17. (a) Burial (b) Date thereof NOV 24 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boonville MO.

18. (a) Signature of funeral director Andrew - Fremont

(b) Address Glasgow MO.

19. (a) 11/24/46 (b) Joe Aug
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Glasgow
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 22 year 1946 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from 11-22 1946 to 11-22 1946
that I last saw him alive on 11-22 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 3 hr.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations my

Of autopsy _____

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? _____

(a) Signature W. H. Lardner (Specify type of place) _____ (b) Means of injury _____

23. Signature W. H. Lardner (M. D. or other) 6

Address Glasgow MO Date signed 11-28-46

RECEIVED

District Health Officer No. 8,
District of Columbia

Date Filed 12-14-46

APR 18 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

J. Walker Audsley

Licensed Embalmer No.

3336

P. O. Address

Glasgow 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.