

FILED DEC 12 1946

Registration District No.

Primary Registration District No. 4071

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Camden
(b) City or town Camdenton, Oregon Turn S.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home Gen Del 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Milford Atkinson

3. (b) If veteran, name war World war 1 3. (c) Social Security No. 512-09-7060

4. Sex male 5. Color or race wh 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Louise Downing Atkinson 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Nov 8 - 1886
(Month) (Day) (Year)

8. AGE: Years 60 Months 24 Days hr. min.

9. Birthplace Cherokee Co. Kan.
(City, town, or county) (State or foreign country)

10. Usual occupation mining

11. Industry or business lead & zinc smelter

12. Name Elmer R. Atkinson

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

14. Maiden name Julia Mary Senter

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

16. (a) Informant Louise Atkinson

(b) Address Camdenton, Mo

17. (a) Removal to burial (b) Date thereof Dec 5
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hill Crest, Galena, Kan.

18. (c) Signature of funeral director Banksen - Woolery

(b) Address Camdenton, Mo

19. (a) Dec 3 - 1946 (b) Elmer S. Inaw
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3 year 1946 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 12-3, 1946, to 12-3, 1946
that I last saw him alive on 12-3, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Hemorrhage Duration 4.5

Due to Pulmonary Tuberculosis

Due to

Other conditions (Include pregnancy within 3 months of death) 13 B

Major findings: Of operations No operation

Of autopsy No Autopsy 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) (e) Means of injury

While at work?

23. Signature E. E. Claborn (or other) M.D.

Address Camdenton, Mo. Date signed 12-3-46

MAR 25 1947

JAN 27 1947

Date Filed 12-15-46
District File No. 11-46-3702
City and Health Officer No. 7

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 Obbie Banks Woolery
Licensed Embalmer No. 2488
P. O. Address Camdenton, 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.