

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

FILED JAN 9 1947

41113

1. PLACE OF DEATH
 County Way Registration District No. 169
 Township Greenburg Primary Registration District No. 4260
 City Paris (No. _____) St. _____ Ward _____

2. FULL NAME John Thomas Atwell
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode) _____
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Etta Atwell

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21, 1946
 22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1946, to Dec 21, 1946, 1946
 I last saw him alive on Dec 20, 1946, 1946. Death is said to have occurred on the date stated above, at 1:50 p.m.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24-1861
 7. AGE YEARS 85 MONTHS 1 DAYS 28 If LESS than 1 day, _____ hrs. _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

Cerebral Haemorrhage causing Paralysis
 Date of onset 2 days
 Other contributory causes of importance: Gangrene of L. Foot

12. BIRTHPLACE (CITY OR TOWN) Paris, Mo (STATE OR COUNTRY)
 13. NAME James Atwell
 14. BIRTHPLACE (CITY OR TOWN) Ky (STATE OR COUNTRY)
 15. MAIDEN NAME Miss Gooshe
 16. BIRTHPLACE (CITY OR TOWN) Ky (STATE OR COUNTRY)

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

17. INFORMANT Ross M. Atwell (ADDRESS) Paris, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Burial DATE Dec 23, 1946
 19. UNDERTAKER Walter Baskett (ADDRESS) Paris, Mo
 20. FILED Dec 24, 1946 Nella Hunn Registrar.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W. G. Linnell, M. D.
 (Address) Edina, Ill

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2-72 1-22-47

39926

152 650

- This body was embalmed
by Fred Gerth - License # 4256
Memphis Mo.