

Primary Registration District No. 3048

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

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. FRANCIS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 MONTH
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Charles Addison ATKINSON
3. (b) If veteran, name war _____ 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 Lenora 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Dec. 18, 1877
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Quitman Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business none

12. Name William ATKINSON

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

14. Maiden name Martha Thunderburke

15. Birthplace Cape Girardeau Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Lenora ATKINSON

(b) Address Quitman, Mo.

17. (a) Burial (b) Date thereof Mar. 9, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quitman Cemetery

18. (e) Signature of funeral director Price Funeral Home

(b) Address 120 East 1st Maryville Mo.

19. (a) 28-47 (b) Bess Hall
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Quitman
(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 None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th
year 1947 hour 3 minute 20 A. M.
21. I hereby certify that I attended the deceased from Feb 10
1947 to March 7 1947
that I last saw him alive on 6 March 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral failure
Duration 2

Due to Prostatic Carcinoma uremia

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma of prostate
Of operations 51B
Of 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?

While at work? _____ (Specify type of place) Means of injury _____

23. Signature B. J. Ryland (M. D. or other) MD
Address Burlington, Mo. Date signed 3/7/47

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

APR 2 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 John W. Price
Licensed Embalmer No. 4281
P. O. Address Maryville 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.