No. 2
12-45
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1947

Registration District No. 5-9

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8244

State File No.

Primary Registration District No. 5223

Registrar's No. 47

1. PLACE OF DEATH:

(a) County CASS.

(b) City or town RURAL, EVERETT.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6 MILES South of FREEMAN.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution AT HOME.
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CASS.

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. 6 MILES South of FREEMAN.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME EARL THOMAS 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 DIVORCED

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased JAN. 20 1947
(Month) (Day) (Year)

8. AGE: Years | Months 1 | Days 25 | If less than one day hr. min.

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

10. Usual occupation —

11. Industry or business

MOTHER FATHER

12. Name LE ROY ATKINSON

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

14. Maiden name LORA BARNARD.

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

16. (a) Informant LE ROY ATKINSON

(b) Address LISLE, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3/16/47
(Month) (Day) (Year)

(c) Place: burial or cremation ORIENT CEMETERY

18. (a) Signature of funeral director Atkinson Bros.

(b) Address Harrisonville Mo.

19. (a) Rec'd 12-1947 (b) Lorna J. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 15
year 1947 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Mar. 14, 1947 to Mar. 15, 1947
that I last saw him alive on March 15, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congenital Heart	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature E. M. Griffith, M. D. (or other)

Address Harrisonville Date signed Mar 19/47

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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed ~~by me, or by~~.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Floyd Atkinson

Licensed Embalmer No. 3920

P. O. Address Harrisonville

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.