

FILED MAY 8 1947
Registration District No. 237

Primary Registration District No. 4353

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Lideon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 42 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME W. Theodore Atchley
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lura Maude Atchley
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased August 31 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 25
If less than one day hr. min.

9. Birthplace Campbell Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

12. Name William Atchley
13. Birthplace Alabama
(City, town, or county) (State or foreign country)

14. Maiden name Henna Atchley
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie McNeil
(b) Address Lideon, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-47
(Month) (Day) (Year)
(c) Place: burial or cremation Stanfield

18. (a) Signature of funeral director Landon Funeral Home
(b) Address Campbell Mo.

19. (a) 5-1-47 (Date received local registrar) (b) Mrs. Byron Sharp (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Lideon
(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 April day 26
year 1947 hour — minute 9:15 A.M.
21. I hereby certify that I attended the deceased from 1-1-1947
to 4-26-47 1947
that I last saw him alive on 4-26-47 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Branchopneumonia
Due to apoplexy

Due to —
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 43A
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?

(Specify type of place)
While at work? — (e) Means of injury —
23. Signature J. S. Hopkins (M. D. or other)
Address Lideon, Mo. Date signed 4/29/47

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

RECEIVED
District Health Office N
District File Number 5-2-694
Date Filed 5-2-47

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.....

Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.