

FILED SEP 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26664

State File No.

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 130

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community Lifetime
years, months or days)

3. (a) PRINT FULL NAME CHARLES FREDERICK ATKINSON

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 Lavina Atkinson 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Dec 3 1882
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 19 If less than one day hr. min.

9. Birthplace New Harmony (Pike County) Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Samuel T. Atkinson
13. Birthplace Pike County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Cynthia Branstetter
15. Birthplace Pike County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Fess Atkinson
(b) Address Curryville, Mo.

17. (a) Burial (b) Date thereof 8/24/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia, Missouri

18. (a) Signature of funeral director W. S. Waters

(b) Address Vandalia, Missouri

19. (a) Aug 24 1947 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
(c) City or town Jasper (If outside city or town limits, write "RURAL")
(d) Street No. North + West of Vandalia
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22
year 1947 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from Aug 17, 1947 to Aug 22, 1947
that I last saw him alive on Aug 22, 1947, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Ludwig's Gynina Duration 7 days

Due to streptococic infection of throat

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?

While at work? (Specify type of place) (e) Means of injury 2

23. Signature R. B. Neely (M. D. or other) DO

Address Ladonia Mo. Date signed 8-23-47

RECEIVED
District Health Officer No. 10
District File Number 9-47-1186
Date Filed SEP-8-1947

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.....

Wm B. Waters

Licensed Embalmer No. 4169

P. O. Address.....

Dandalia 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.