No. 2
-1/47
-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 7, 1947
Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31905
Primary Registration District No. 5825
Registrar's No. 114

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Tallapoosa (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 (Specify whether In this community) 18 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Tallapoosa (If outside city or town limits, write "RURAL")
(d) Street No. Como (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

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3. (a) PRINT FULL NAME Frank Atchley
3. (b) If veteran, name war None
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 Eliza Atchley
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased November (Month) 18 (Day) 1873 (Year)

8. AGE: Years 73 | Months 9 | Days 29 | If less than one day ... hr. ... min.

9. Birthplace Terre Haute (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Farming Retired
11. Industry or business
FATHER
12. Name Will Atchley
13. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)
MOTHER
14. Maiden name Nancy Howell
15. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)
16. (a) Informant Eliza Atchley
(b) Address Tallapoosa, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation New Cemetery Malden
18. (a) Signature of funeral director Landers Funeral Home
(b) Address Campbell Mo
19. (a) 9/19/47 (Date received by local registrar) (b) W. Leo Hustead (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 17th year 1947 hour 10 minute 15 p. M.
21. I hereby certify that I attended the deceased from Jan 1st, 1947, to Sept 17, 1947, that I last saw h... alive on Sept 2, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac decomp	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 0 4 D	
Of autopsy:	

PHYSICIAN
Underline the cause of 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 C

23. Signature Leo W Hustead (M. D. or other)
Address Parma Mo. Date signed 9/19/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1042-1803
Date Filed 10-6-47

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 Christine M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, Miss

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.