

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH35353
State File No. 233
Registrar's No. 233

Registration District No. 294

Primary Registration District No. 3056

1. PLACE OF DEATH:

- (a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 625 McKinley
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

3. (a) PRINT FULL NAME Henry F. Atkins3. (b) If veteran, name war World War II 3. (c) Social Security No. 490-09-6345

5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edith
6. (c) Age of husband or wife if alive 13 1/2 years (Month) (Day) (Year)
7. Birth date of deceased Dec 13 1910 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 10 3 no hr. min.9. Birthplace (City, town, or county) (State or foreign country) Mo10. Usual occupation Fireman11. Industry or business Wabash R.R.12. Name Charles T. Atkins13. Birthplace (City, town, or county) (State or foreign country) Mo14. Maiden name May S Metcalf15. Birthplace (City, town, or county) (State or foreign country) Mo16. (a) Informant Mrs Edith Atkins(b) Address Moberly Mo17. (a) Burial (b) Date thereof 10-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Moberly Mo18. (a) Signature of funeral director Mahan and Son(b) Address Moberly Mo19. (a) Oct 16 - 47 (b) Leah Williams
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 625 McKinley
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16th
year 1947 hour 9 minute 20 P. A. M.21. I hereby certify that I attended the deceased from April 5 1947 to Oct 16 1947
that I last saw him alive on Oct 16 1947
and that death occurred on the date and hour stated above.
DurationImmediate cause of death Chronic Bright's Disease 7 mos.Due to Septicemia from a Burn in Feb. 1947

Due to

Other conditions (Include pregnancy within 3 months of death) 15 113Major findings: Of operations noneOf autopsy none

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

23. Signature Dr. Dwyer (M. D. or other) MD
Address Huntsville Mo Date signed 10/18/47

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

NOV 19 1947

OCT 30 1947

RECEIVED
District Health Officer No. 10
District File Number 10-47-1469
Date Filed OCT 27 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

Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address

Proberly 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.