

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43932

State File No.

FILED JAN 15 1948

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston
(c) Name of hospital or institution 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community Transient
years, months or days

3. (a) PRINT FULL NAME J. E. Atkins

3. (b) If veteran, name war World War # 1

3. (c) Social Security No.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lurlyne B. Atkins
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Feb. 13, 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 10 12 hr. min.

9. Birthplace Corssland Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Mercantile

12. Name Andrew Atkins
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Cappie Province
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant O. M. Atkins

(b) Address Paragould, Ark

17. (a) Burial (b) Date thereof 12/28/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Greer Croy & Fitch

(b) Address Poplar Bluff, Mo.

19. (a) 12-21-47 (b) Miss. J. F. Henry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. Synthia St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 25
year 1947 hour 10:30 minute a M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on 25 Dec, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death

Accident death
Due to Automobile Wreck

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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) Accident
(b) Date of occurrence 25 Dec 47
(c) Where did injury occur? Miss. Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public highway

While at work? No (Specify type of place) (e) Means of injury

23. Signature Charles F. Henry (M. D. or other)

Address Sikeston Date signed 25 Dec

(Licensed Embalmer's Statement on Reverse Side)

S. H. P. - Call with a m. 12-21-47

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

MAR 24 1948

MAR 6 1948

MAR 31 1948

MAR 30 1948

RECEIVED

District Health Office No. 2,

District File Number 148,42

Date Filed 1-8-48

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.