

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5515**

FILED FEB 18 1948

Registration District No. **212**

Primary Registration District No. **3044**

Registrar's No. **7**

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

1. PLACE OF DEATH:

(a) County **Miller**
(b) City or town **London**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community. (Specify whether)
years, months or days

3. (a) PRINT FULL NAME **JAMES THOMAS ATKIN**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Minnie ATKIN** 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased **May 17 1864** (Month) (Day) (Year)

8. AGE: Years **83** Months **8** Days **8** If less than one day hr. min.

9. Birthplace **Miller, Co. Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business

12. Name **Charles Atkins** 4
13. Birthplace **Lincolnshire England** (City, town, or county) (State or foreign country)
14. Maiden name **Martin Whitley** 4
15. Birthplace **Lincolnshire England** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Laura Berkstrom**
(b) Address **London, Mo.**

17. (a) **Burial** (b) Date thereof **1-27-1948** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Pleasant Cemetery**

18. (a) Signature of funeral director **Louis D. Phillips**
(b) Address **London, Mo.**

19. (a) **1-27-48** (b) **Adornetta Wall** (Date received local registrar) (Registrar's signature) **1948**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Miller** 66
(c) City or town **London** (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **25**
year **1948** hour **8** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **DEC. 1947** to **JAN 25 1948**
that I last saw him alive on **JAN 25 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **CARDIAC FAILURE**
Due to **CEREBRIAL HEMORRAGE**

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **NO**
Of autopsy **NO**

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) 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
23. Signature **A. F. Berkstrom** 100
Address **London, Mo.** Date signed **1-27-48**

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 8-11-48

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.....

Louis D. Phillips, Registered Apprentice No.....
working under my personal supervision.

Signed

Louis D. Phillips
Licensed Embalmer No. *3663*

P. O. Address *Edison*

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.