FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 11 1948
Registration District No. 5780

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5780

State File No. 518
Registrar's No. 12

1. PLACE OF DEATH:
(a) County: Miller
(b) City or town: RURAL - SALINE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3-N-E-Mt Pleasant
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: / (Specify whether
In this community: 50 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Miller
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: 3 mi N-E-Mt Pleasant
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: none

3. (a) PRINT FULL NAME: Henry-Frank-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~~: Single
6. (b) Name of husband or wife: none
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: Sept (Month) 13 (Day) 1881 (Year)

8. AGE: Years 66 | Months 4 | Days 8 | If less than one day ... hr. ... min.

9. Birthplace: Miller Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Farming - General
11. Industry or business: Farm
12. MOTHER FATHER Name: William - Atkinson
13. Birthplace: unknown (City, town, or county) Ky (State or foreign country)
14. Maiden name: Anna - Atkin
15. Birthplace: unknown (City, town, or county) England (State or foreign country)
16. (a) Informant: Clarence-B-Atkinson
(b) Address: Olean - Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Pleasant
18. (a) Signature of funeral director: Kurt McKaye
(b) Address: Eldon Mo
19. (a) 2-23-48 (Date received local registrar) (b) Edwinetta Walk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21
year 1948 hour 3 minute 15 P.M.
21. I hereby certify that I attended the deceased from 2/21/48 to 2/21/48
that I last saw him alive on 2/21/48
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	2
Due to:	
Gastro Ulcer	2
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 0
Of autopsy: 0

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: 0

23. Signature: G. D. Walker (M. D. or other)
Address: Eldon Mo Date signed 2-23-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 3-10-45

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 Keith M Kagel

Licensed Embalmer No. 3998

P. O. Address Eldon 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.