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

FILED JUN 21 1948

20513

State File No. 2379

Registration District No. 301

Primary Registration District No. 4450

Registrar's No. _____

1. PLACE OF DEATH:

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

3. (a) PRINT
FULL NAME

Smith Atkinson

3. (b) If veteran,

name was William T.

3. (c) Social Security

number 369-12-3394

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 3
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 7 24 hr. min.

9. Birthplace Gallia Co. Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation General work

11. Industry or business Fisher Body

12. Name William Atkinson

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Henrietta

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harold Simpson

(b) Address 207 Howard St. W. W. 44 Ohio

17. (a) Removal (b) Date thereof 5-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highly Ohio

18. (a) Signature of funeral director L. W. Edwards

(b) Address Douglas mo.

19. (a) 5-28-48 (b) E. B. Johnston
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Michigan (b) County 999
(c) City or town Detroit, Mich 26
(If outside city or town limits, write "RURAL")
(d) Street No. 461 W. Forest Ave. 0
(If rural, give location) 2
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1948 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from May-26, 1948, to May-27, 1948
that I last saw him alive on May-27, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza
Pneumonia

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. E. Williams (M. D. or other) _____

Address Douglas mo. Date signed 5/28/48

RECEIVED 6-18-48
District Health Officer No. 5,
District File Number 648407
Date Filed 6-18-48

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 Heena Johnson
Licensed Embalmer No. 4341
P. O. Address Campana St

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.