

FILED JAN 3 1949

Registration District No.

Primary Registration District No.

State File No.

Registrar's No.

1. PLACE OF DEATH

- (a) County Stone
(b) City or town Ruth Yp
(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 about 10 yrs (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Andy Atchison

3. (b) If veteran, name war MO 3. (c) Social Security No. W

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, 2 divorced, widowed

6. (b) Name of husband or wife alive 6. (c) Age of husband or wife if 18 years 1865

7. Birth date of deceased Mar 18 (Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 24 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name John Atchison

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

14. Maiden name Dorothy

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

16. (a) Informant Elmer Atchison

- (b) Address Reeds Spring Mo

17. (a) Enon Ark. (b) Date thereof 12/13/48 (Month) (Day) (Year)

- (c) Place: burial or cremation Edmon - Ark.

18. (a) Signature of funeral director Everett Beathorn

- (b) Address Edmon Ark.

19. (a) Dec 12-48 (b) Lena Murray - Dep. (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Stone Co
(c) City or town Ruth Yp (If outside city or town limits, write "RURAL")
(d) Street No. 104 (If rural, give location)

- (e) Citizen of foreign country? U (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12
year 1948 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from Nov 12 to Dec 12 1948
that I last saw him alive on Dec 8 1948
and that death occurred on the date and hour stated above.

- Immediate cause of death Thal. Insufficiency Duration 1.5
+ arteriosclerosis

- Due to old age

- Due to Chronic Labor Pneumonia

- Other conditions.
(Include pregnancy within 3 months of death)

- Major findings:
Of operations 9/21/48

- Of autopsy

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)

- (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 LS Shumate (Specify type of place) (e) Means of injury MD

23. Signature LS Shumate M. D. or other

- Address Reeds Spring Mo Date signed 12/13/48

RECEIVED

Health Officer No. 6,
License Number 1248-1422
Date Filed 12-31-48

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 *Everett J. Cheatham*

Licensed Embalmer No. 3870

P. O. Address *Galena 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.