

REC'D MAY 6 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14752
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 14
(b) Township Windsor Primary Registration District No. 4311 Registered No. 9
(c) City Windsor (d) Street No. Moffet Hospital St. 1
(e) Length of residence in city or town where death occurred yrs. 6 mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

David R. Atkisson 322
(a) Residence, No. Benton County, Missouri St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 13, 1859
7. AGE YEARS 78 MONTHS 6 DAYS 8 If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Warsaw, Missouri (STATE OR COUNTRY)

FATHER 13. NAME Joseph A. Atkisson
14. BIRTHPLACE (CITY OR TOWN) Unknown Missouri (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Parks
16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Earl Fristoe Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Warsaw, Mo. DATE April 22-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Huston-Turner Windsor Missouri

20. FILED April 29 1938 J. J. Jennings Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 1938

22. I HEREBY CERTIFY. That I attended deceased from Sept 1937 to April 21, 1938
I last saw him... alive on April 21, 1938. Death is said to have occurred on the date stated above, at 12:01 m.
The principal cause of death and related causes of importance were as follows:

Cardiac decompensation

Date of onset ?

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Ray B. Jordan, M. D.
(Address) Windsor Mo.

MEMBER TO GRACE BROTHERHOOD
CONFERENCE OF THE SOUTHERN
METHODIST CHURCH

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,

Ellis M. Huston

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Ellis M. Huston

Licensed Embalmer No. *3371*

P.O. Address *Windsor, 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, above space should be left blank.