

FILED DEC 13 1942

Registration District No.

Primary Registration District No. 3023

42
2

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Community Clinic Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Clinton
(If outside city or town limits, write "RURAL")

(d) Street No. 405 South Orchard
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME James Joseph Atkinson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 9
year 1942 hour 9:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Nov 9
1942 to Nov 9, 1942
that I last saw him alive on Nov 9, 1942
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased: 11 (Month) 9 (Day) 1942 (Year)

Immediate cause of death Hypostatic pneumonia Duration 6 hrs

8. AGE: Years _____ Months _____ Days _____ If less than one day 4 hrs # min.

Due to trauma sustained during labor birth

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

Due to _____

10. Usual occupation _____

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

11. Industry or business _____

Major findings: Of operations 161a

12. Name Howard Atkinson

Of autopsy _____

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

22. If death was due to external causes, fill in the following:

14. Maiden name Mary Josephine

(a) Accident, suicide, or homicide (specify) _____

15. Birthplace Sweet Springs Mo
(City, town, or county) (State or foreign country)

(b) Date of occurrence _____

16. (a) Informant Howard Atkinson

(c) Where did injury occur? _____ (City or town) (County) (State)

(b) Address 405 S Orchard

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) Burial (b) Date thereof 11-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(Specify type of place) _____

(c) Place: burial or cremation Sedalia Mo

While at work _____ (e) Means of injury _____

18. (a) Signature of funeral director Fred Kilkinson

23. Signature J. B. Bliss (M. D. or other) MD

(b) Address 225 North Main

Address Clinton Mo Date signed 11-9-42

19. (a) Nov 10, 1942 (Date received local registrar)

(b) George Kitcher (Registrar's signature) J. B. Bliss

REC'D 11 23 0 1942

RECEIVED

District Health Officer No. 7,

District File Number 12-42-1352

Date Filed 12-10-42

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.....

nah Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.