

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9881

State File No. ....

Registrar's No. 28

Registration District No. 55

Primary Registration District No. 3011

1. PLACE OF DEATH:

(a) County Carroll  
(b) City or town Carrollton  
(c) Name of hospital or institution: Atwood Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME FRANK ELY ATWOOD

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Agnes Luscombe 6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased Oct. 5 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 5 0 hr. min.

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

10. Usual occupation Lawyer

11. Industry or business.

12. Name Smith Atwood  
13. Birthplace Adelphia, Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Goodson  
15. Birthplace Carroll Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Atwood

(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 3-7-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Standley

(b) Address Carrollton, Mo.

19. (a) 3-5-1943 (b) Mr. James Rafferty  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cole  
(c) City or town Jefferson City, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5<sup>th</sup>  
year 1943 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from May 2nd 1942 to 3-5 1943  
that I last saw him alive on 3-5 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 10 min

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations .....  
Of autopsy .....  
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? (Specify type of place) (e) Means of injury .....

23. Signature William S. Atwood (M. D. or other) no  
Address Carrollton, Mo. Date signed 3/5/43

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 4-6-43

AUG 15 1944

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

Ben W. Gibson

Licensed Embalmer No.

2961

P. O. Address

Carrollton 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.