

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 159

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:  
Grand Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 40 yrs (Specify whether years, months or days)  
In this community 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
(c) City or town Clinton  
(If outside city or town limits, write "RURAL")  
(d) Street No. Grand St  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Albert Atkinson

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, widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Sept 22 1869  
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 28 If less than one day hr. min.

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

10. Usual occupation School

11. Industry or business \_\_\_\_\_

12. Name John Atkinson

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

14. Maiden name unknown

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

16. (a) Informant Melvin Brown

(b) Address Clinton MO

17. (a) Grand (b) Date thereof 8-20-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carewood Cem

18. (a) Signature of funeral director John Williams

(b) Address Clinton MO

19. (a) 8-20-46 (b) W. H. Kenney  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19 year 1946 hour 5 minute 30 AM.

21. I hereby certify that I attended the deceased from June 2 1946 to Aug 19 1946  
that I last saw him alive on July 30 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis with edema  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to Chronic nephritis with edema

Other conditions (Include pregnancy within 3 months of death) none

Major findings: Of operations none 13/1A  
Of autopsy none  
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? no

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury no

23. Signature S. B. Hughes (M. D. or other) 8/20/46  
Address Clinton MO Date signed \_\_\_\_\_

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

RECEIVED

District Health Officer

District No. 7-46-881

Date of Issue 8-26-46

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 Fred W. Keenan

Licensed Embalmer No. 7478

P. O. Address Clinton

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.