

FILED MAY 16 1946

Registration District No. 224

Primary Registration District No. 5796

State File No.

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Rural - Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

3. (a) PRINT FULL NAME MARY ELIZABETH ATKINSON

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lee Atkinson 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Feb 3 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 2 27 hr. min.

9. Birthplace Moniteau Co. Mo. (1)
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name John E. Wood
13. Birthplace Ky. (1)
(City, town, or county) (State or foreign country)
14. Maiden name Emma R. Wood
15. Birthplace Moniteau Co. Mo. (1)
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Lee Atkinson

(b) Address California Mo.

17. (a) Rural (b) Date thereof 5-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem. California Mo.

18. (a) Signature of funeral director Thugh E. Williams

(b) Address California Mo.

19. (a) 5-7-46 (b) H.R. Popejoy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68
(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1946 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from Sept 2
1945 to April 30, 1946
that I last saw her alive on April 29, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction Duration 3 days
Due to Tumor of pelvis 6 month.

Due to
Other conditions (Include pregnancy within 3 months of death) ✓

Major findings: Of operations 568
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? (Specify type of place) (e) Means of injury ○

23. Signature Kerion Latham (M. D. or other)
Address California Mo. Date signed 5-24-46

MAY 16 1946

MAY 5 1946

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 5-13-46

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 Hugh E Williams
Licensed Embalmer No. 3537

P. O. Address California 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.