

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REC'D JUN 14 1938

17771
Do not use this space.

1. PLACE OF DEATH

(a) County BUCHANAN

(b) Township

(c) City ST. JOSEPH

(e) Length of residence in city or town where death occurred

Registration District No. 85

Primary Registration District No. 001

(d) Street No. MO. METHODIST HOSPITAL St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(If nonresident, give city or town and State)

2. PRINT FULL NAME JOHN ISAAC ADKINSON 325

(a) Residence, No. FORTESCUE MO

(Usual place of abode, if no street address, write county or city)

St. ☐

(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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

AUG-29-1915

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

22

8

22

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

FILLING STATION

9. Industry or business in which work was done, as saw mill, bank, etc.

OPERATOR

10. Date deceased last worked at this occupation (month and year)

5-12-1938

11. Total time (years) spent in this occupation

3 yrs

FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FORTESCUE MO

13. NAME

J. I. ADKINSON

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FORTESCUE MO

MOTHER

15. MAIDEN NAME

NELLIE M. RILKINTON

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

HOLT CO MO

17. INFORMANT (ADDRESS)

MRS. WALTER BOYD BIGELOW

18. BURIAL, CREMATION, OR REMOVAL

Bigelow

PLACE

CATRON CEM.

DATE 5-28-1938

19. FUNERAL DIRECTOR (ADDRESS)

J. FRED TERHUNE

SAVANNAH MO

20. FILED

5-23

19 38

By Notary

Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

5-21

19 38

22. I HEREBY CERTIFY, That I attended deceased from May 22nd, 1938, to

I last saw him alive on

8:40 P

Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Unknown disease (Probably

Date of onset

Acute disease of Liver or Gall Bladder as he was Jaundiced Acitic)

Other contributory causes of importance:

none

Name of operation

none

Date of

What test confirmed diagnosis? History 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

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?

If so, specify

(Signed) R. W. Tadlock — Coroner

(Address) King Hill Bldg

STATEMENT BY LICENSED EMBALMER

I, J. Fred Terhune, Licensed Embalmer No. 1279

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

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

Signed

J. Fred Terhune

Licensed Embalmer No. 1279

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.)