

RECD DEC 19 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

40452  
Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 794  
 (b) Township Cambridge Primary Registration District No. 4475 Registered No. ?  
 (c) City Gilliam (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary Jane Adkins  
 (a) Residence, No. Carrollton Mo St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David J. Adkins  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 1867  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
71 5 3  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co., Mo.  
 FATHER 13. NAME Samuel Furney  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn  
 MOTHER 15. MAIDEN NAME Hattie Stiffler  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn  
 17. INFORMANT Susie M. Shaffer  
 (ADDRESS) Gilliam, Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Evergreen Cem DATE 12-11 1938  
 19. FUNERAL DIRECTOR Willia Funeral Home  
 (ADDRESS) Carrollton Mo.  
 20. FILED 12-9 1938 J. H. Davidson  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9 19 38  
 22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1938, to Dec 9 1938  
 I last saw her alive on Dec 9 1938 Death is said to have occurred on the date stated above, at 5.50 A.  
 The principal cause of death and related causes of importance were as follows:  
Mitral insufficiency  
 Date of onset Unkno.  
 Other contributory causes of importance: Edoem of lungs 12-7  
38  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_ 19 \_\_\_\_\_  
 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) J. H. Davidson, M. D.  
Gilliam Mo.

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.

to Filed  
District File Number  
12/12/38  
District Health Officer No. 8,  
RECEIVED

STATEMENT BY LICENSED EMBALMER

I, Ralph Van Landingham, Licensed Embalmer No. 4009

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Ralph Van Landingham  
Licensed Embalmer No. 4009

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.)