

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

44220  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Randolph 2 Registration District No. 736  
 (b) Township Prairie 1 Primary Registration District No. 4435 Registered No. 15  
 (c) City Clark (d) Street No. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME**

(a) Residence, No. Clark 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 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) Dec 14 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
38 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 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) Clark Mo.

FATHER 13. NAME Thirmon Adkisson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co Mo.

MOTHER 15. MAIDEN NAME Helen Harlan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co Mo.

17. INFORMANT (ADDRESS) Thirmon Adkisson Clark Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Appelman Chapel DATE Dec-16-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Snow Funeral Home Moberly Mo.

20. FILED Dec 19 1938 G. T. Rimbough Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1938, to Dec 15, 1938

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 10:45 am.

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

Cause unknown premature (7 1/2 ms)

Date of onset

Other contributory causes of importance: 104

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) A. G. Buffers \_\_\_\_\_, M. D.  
Moberly 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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-1029

Date Filed 1/12/39

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.....

Licensed Embalmer No. ....

P.O. Address.....

**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, above space should be left blank.**