

APR 11 1939

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

10128

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township Washington Primary Registration District No. 1001 Registered No. 286
(c) City St. Joseph (d) Street No. St. Joseph's Hospital St.
(e) Length of residence in city or town where death occurred 2 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Thomas Richard Adkins

(a) Residence, No. Troy, Kansas 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) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. T. Richard Adkins (Dec.)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26, 1868

7. AGE YEARS 70 MONTHS 11 DAYS 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Real Estate
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) Elmo, Mo. (STATE OR COUNTRY)

13. NAME Randall R. Adkins

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

15. MAIDEN NAME Catherine Gueness

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

17. INFORMANT (ADDRESS) Mrs J. W. Murren
1811 Savannah Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmo, Mo. DATE March 21, 1939

19. FUNERAL DIRECTOR (NAME) Barry-Wylie Funeral
(ADDRESS) 218 South 10th

20. FILED Mar 21, 1939 H. J. Neel Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1939 to Mar 18, 1939
I last saw him alive on Mar 18, 1939 Death is said to have occurred on the date stated above, at 11 P.M.

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

Acute Endocarditis Date of onset Mar 19/39
Myocardial insufficiency
Other contributory causes of importance:
Chronic interstitial nephritis

Name of operation None Date of None
What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1939
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
Home None
(Signed) H. J. Neel, M. D.
(Address) St. Joseph, Mo.

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, H. E. Ryan

....., or by

Registered Apprentice No., working under my personal supervision.

Signed H. E. Ryan

Licensed Embalmer No. 3613

P. O. Address St. Joseph, 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, above space should be left blank.