

REC'D MAY 22 1939

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

16285  
Do not use this space.

1. PLACE OF DEATH

(a) County Scott Registration District No. 720  
(b) Township Wylwama Primary Registration District No. 449-6  
(c) City Darnton (d) Street No. 6007 Registered No. \_\_\_\_\_  
(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.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

(a) Residence, No. Darnton, Mo. R#1 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9, 1938  
7. AGE YEARS 1 MONTHS 1 DAYS 10 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, assawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Baby  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

OCCUPATION

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

Stoddard County

13. NAME

George Adkins

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

Mississippi

15. MAIDEN NAME

Elen Turner

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

Mississippi

17. INFORMANT (ADDRESS)

Elen Adkins  
Darnton, Mo. R#1

18. BURIAL, CREMATION, OR REMOVAL

PLACE McMullin DATE 4/20/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Thurman Funeral Home  
Charleston, Mo.

20. FILED

5/9/39 W. E. Chmaw  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/19 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 1:00 p.m.

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

Cause of death  
Unknown to Coroner

Date of onset

Other contributory causes of importance:

200 lb

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) John F. Thurman Jr.

73 (Address) Coroner Scott Co  
Charleston, Mo.

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**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.**