

DEC 12 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

39923
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Wadena Primary Registration District No. 2002 Registered No. _____
 (c) City Joplin (d) Street No. St. Johns Hospital 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 6 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

GARLAND ROGERS ADKINS
 (a) Residence, No. RR#1 Box 89 Joplin, Mo. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, give county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gladys Adkins
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28, 1898
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 10 4

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. Miner
 10. Date deceased last worked at this occupation (month and year) 12-1-39 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granby, Mo.

13. NAME Lloyd Adkins
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granby, Mo.

15. MAIDEN NAME Lena Rankins
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granby, Mo.

17. INFORMANT (ADDRESS) Mrs. Gladys Adkins
Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Granby Cem. DATE 12-14-39

19. FUNERAL DIRECTOR (ADDRESS) Thornhill Hillman
Joplin, Mo.

20. FILED 12-4 19 39 Ed W. James
Joplin, Mo. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on December 2, 1939. Death is said to have occurred on the date stated above, at 2:20 am 12-2-39
 The principal cause of death and related causes of importance were as follows:

Basal fracture of skull
710 PM
 Date of onset _____

Other contributory causes of importance:
Charging tire on Highway
and a passing car
striking him

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 12-1-1939
 Where did injury occur? Joplin, Mo.
 Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Automobile accident
 Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) A. C. Winchester M. D.
 (Address) Joplin, Mo.

APR 18 1945

STATEMENT BY LICENSED EMBALMER

I, David Dillon, Licensed Embalmer No. 3898

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 David Dillon
Licensed Embalmer No. 3898

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.)