

Registration District No. 213Primary Registration District No. 5942

Registrar's No.

1. PLACE OF DEATH:

- (a) County Putnam
(b) City or town Rural
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution 2
(Specify whether

In this community
years, months or days

3. (a) PRINT FULL NAME WILLIAM BENJAMIN ADKISON

8. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex Male

5. Color or

race White

6. (a) Single, widowed, married,

divorced Married

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive 3

years

7. Birth date of deceased Jan. 18, 1878

(Month)

(Day)

(Year)

8. AGE:

Years ☒

Months

Days

If less than one day

64219

hr.

min.

9. Birthplace Mo.

(City, town, or county)

(State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Granville S. Adkison

13. Birthplace Mo.

(City, town, or county)

(State or foreign country)

14. Maiden name Martha E. Anderson

15. Birthplace Ky.

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature Martha E. Adkison

- (b) Address Rural

17. (a) Burial

- (b) Date thereof 3-22-40

- (Burial, cremation, or removal)

(Month)

(Day)

(Year)

- (c) Place: burial or cremation Friendship Seminary

18. (a) Signature of funeral director R. B. Seeger

- (b) Address Richland

19. (a) 3/20/40

- (b) Adkison

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo.

- (b) County Putnam

- (c) City or town Rural

(If outside city or town limits, write "RURAL")

- (d) Street No.

(If rural, give location)

- (e) If foreign born, how long in U. S. A. 7 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 20th
1940 12 hour 30 minute P.M.

21. I hereby certify that I attended the deceased from

Jan. 1940 to 3/19, 1940
that I last saw him alive on 3/19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Valvular Heart Disease

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)

- (b) Date of occurrence

- (c) Where did injury occur?

(City or town)

(County)

(State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

- 64 While at work?

(Specify type of place)

(b) Means of injury

23. Signature C. A. Talbot

(M. D. or other)

Address WaynesvilleDate signed 3/20/40

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 me

....., Registered Apprentice No.
working under my personal supervision.

RECEIVED

District Health Officer No. 5,

File Number 440 488

Date Died 42440

Signed

[Signature]

Licensed Embalmer No. 3198

P. O. Address Richland 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15-837

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 713

Primary Registration District No. 5942

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Cullen, I. P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community _____
years, months or days)

3. (a) PRINT
FULL NAME Wm Benjamin Adkison

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex m

5. Color or
race w

6. (a) Single, widowed, married,
divorced m

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if
alive _____ year

7. Birth date of deceased Jan 1st 1878
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

62

2

19

hr. min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____
(Date received local registrar)

(b) C. G. Talbot
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 20
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature C. G. Talbot (M. D. or other) _____

Address Waynesville, Mo. Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

