No. 2
-13-40
17-3
X23

FILED NOV 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DR.COPE

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35234

Registration District No. 287 Primary Registration District No. 5405 Registrar's No.

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

1. PLACE OF DEATH:
(a) County DUNKLIN
(b) ~~City or town~~ HEORNERSVILLE .MO (If outside city or town limits, write "RURAL" and name of township) CLAY
(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether
In this community 40.YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Dunklin
(c) City or town Hornersville (If outside city or town limits, write "RURAL") Rural
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JAMES.MONROE.ADKINS
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife NONE
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JAN (Month) 16.18.81 (Day) (Year)
8. AGE: Years 59 Months 9 Days 5 If less than one day hr. min.
9. Birthplace tenn (City, town, or county) (State or foreign country)
10. Usual occupation FARMER
11. Industry or business

FATHER
12. Name JAMES.MONROE.ADKINS
13. Birthplace TENN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name SARAH.SCUGGS
15. Birthplace TENN (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT.22 (Month) (Day) (Year)
(c) Place: burial or cremation BRAMNON.CEMETRY
18. (a) Signature of funeral director H.H.HOWARD H H Howard
(b) Address LEACHVILLE.ARK
19. (a) 10-22-40 (Date received local registrar) E Cope (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 17, 1940 to Oct 20, 1940
that I last saw him alive on Oct 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Tubercular Meningitis — Duration: 3 da.
Due to Pulmonary T.B. — 2 yr.
Due to
Other conditions (Include pregnancy within 3 months of death) 2 yr
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

23. Signature E Cope (M. D. ~~or other~~)
Address Hornersville Mo Date signed 10/26

260 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 1140-16
Date Filed 11/6/40

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.....

....., 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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.