

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42902

State File No.

Registrar's No. 19

Registration District No. 416

Primary Registration District No. 4248

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Sarcoxie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 19 years years, months or days

3. (a) PRINT FULL NAME Inez C. Adkins

8. (b) If veteran, name war _____

8. (c) Social Security No. _____

4. Sex F. 5. Color or race W.

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

6. (b) Name of husband or wife Edison 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased March 16, 1904
(Month) (Day) (Year)

8. AGE: Years 36 Months 9 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Wayne City Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name C. J. White

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Blanche Stevens
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edison Adkins

(b) Address Sarcoxie, Missouri

17. (a) Burial (b) Date thereof 12/19/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sarcoxie Cemetery

18. (a) Signature of funeral director Roland C. Engelage

(b) Address Sarcoxie, Missouri

19. (a) 12-19-1940 (b) Miss Emma Bradshaw
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Sarcoxie
(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 December day 17
year 1940 hour 4:50 minute _____ P.M.

21. I hereby certify that I attended the deceased from Aug 1, 24, 1940 to Dec 17, 1940
that I last saw her alive on Dec 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Chronic Myocarditis, 2 or 3 yrs.

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 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? _____

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

23. Signature [Signature] (M. D. or other) _____

Address Sarcoxie, Mo. Date signed 12-19-40

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.....

working under my personal supervision.

Registered Apprentice No.....

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.