

S. No. 2,
4-13-40
5-17-39
I X29159

MAR 11 1941
Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 61

1. PLACE OF DEATH:
 (a) County Callaway
 (b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
State Hospital No. 1 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 30 days
(Specify whether
 In this community 81 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Callaway 14
 (c) City or town Fulton 1
(If outside city or town limits, write "RURAL")
 (d) Street No. 710 Court Street 2
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William Madison Adcock

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. W. M. Adcock (wid) 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased, January 6 1860
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 20 If less than one day
 hr. _____ min.

9. Birthplace Callaway Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate & Insurance

11. Industry or business _____

12. Name John H. Adcock

13. Birthplace Callaway Co., Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary J. Selby

15. Birthplace Callaway Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital records

(b) Address State Hospital No. 1

17. (a) BURIAL (b) Date thereof MAR. 18 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fulton, Mo

18. (a) Signature of funeral director Flora Y. Morgan

(b) Address 200 Cant St. Fulton, Mo.

19. (a) Feb. 28, 1941 (b) P. N. Creason
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26
year 1941 hour 8:35 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Jan 27, 1941, to Feb 26, 1941;
that I last saw him alive on Feb 25, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arterio-sclerosis Duration _____

Due to terminal Bronchopneumonia 3 days
cardiac compensation ?

Other conditions Senile mental changes
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy none

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

23. Signature P. S. Tate (M. D. or other) 0

Address State Hosp. #1 Fulton Mo Date signed 2-26-41

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

4
P-1

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.....

Glen Y. Manspin

Licensed Embalmer No.....

21725

P. O. Address.....

Fulton, 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, fact should be so stated above.