No. 2
-13-40
17-39
X23159

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

MAY 12 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14663

Registration District No. 334 Primary Registration District No. 4I97 Registrar's No. 27

1. PLACE OF DEATH:
(a) County: Harrison
(b) City or town: Bethany
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Reed Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 67 Days (Specify whether years, months or days)
In this community 0

2. USUAL RESIDENCE OF DECEASED: 38 0
(a) State: Mo (b) County: Gentry
(c) City or town: Rural/McFall, Mo. R.F.D # I
(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.? 1 years.

3. (a) PRINT FULL NAME: Ernest Allen Adkisson
3. (b) If veteran, name war: X
3. (c) Social Security No. X
4. Sex: M 1
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Bertha Adkisson
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: May (Month) 31 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
65	10	5	hr. min.

9. Birthplace: Breckenridge, Co (City, town, or county) KY 1 (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Samuel.R.Adkisson
13. Birthplace: KY 1 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: ~~Lucy Parks~~
15. Birthplace: KY 1 (City, town, or county) (State or foreign country)
16. (a) Informant: Chever Manring
(b) Address: McFall, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 7 41 (Month) (Day) (Year)
(c) Place: burial or cremation McFall, Mo.
18. (a) Signature of funeral director: G.E. Gromer 30
(b) Address: Pattonsburg, Mo
19. (a) 4/17/41 (Date received local registrar) (b) A. Lurosling 3M. Burns (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4-5 day
year 1941 hour 4 minute 20 P. M.
21. I hereby certify that I attended the deceased from July, 1940 to April 5, 1941; that I last saw him alive on April 5, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Stomach	6 Mos
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: D. G. Reed (M. D. or other) DO
Address: Bethany Mo. Date signed 4-5-41

(Licensed Embalmer's Statement on Reverse Side)

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 G S Gromer

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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