

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MAY 13 1949

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **15140**

Registration District No. **542**

Primary Registration District No. **5731**

Registrar's No. **24**

1. PLACE OF DEATH:

(a) County **Maries**  
(b) City or town **Vienna Rural-Jackson**  
(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 **80 yrs.** (Specify whether years, months or days)  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri**, County **Maries**  
(c) City or town **Rural-Jackson**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **0** (If rural, give location)  
(e) If foreign born, how long in U. S. A. **0** years.

3. (a) PRINT FULL NAME **James P. Adkins**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **male** 0 5. Color or race **W** 6. (a) Single, widowed, married divorced **married**

6. (b) Name of husband or wife **Minnie Adkins** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Nov. 27 1858**  
(Month) (Day) (Year)

8. AGE: Years **82** Months **4** Days **6** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Texas County, Mo.** 0  
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business \_\_\_\_\_

12. Name **A. J. Adkins**

13. Birthplace **Tennessee** 1  
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Shaw**

15. Birthplace **Illinois** 1  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Everett Eads**

(b) Address **Dillard, Okla.**

17. (a) **burial** (b) Date thereof **4-5-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Union Hill Cem.**

18. (a) Signature of funeral director **975**

(b) Address **Vienna, Mo.**

19. (a) **April 8, 1947** (b) **Mrs. Lennie Eads**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **3**  
year **1947** hour **9** minute **10 A. M.**

21. I hereby certify that I attended the deceased from **April 24**, 19 **47** to **April 3**, 19 **47**;  
that I last saw him alive on **April 3**, 19 **47**;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

**Secondary Carcinoma of Stomach** ?

Due to **Carcinoma of Stomach** ?

Due to \_\_\_\_\_

Other conditions **468**  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 **Steward** (M.D. or other) **800**

Address **Vienna, Mo** Date signed **4/8/47**

**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 with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank: ..**