

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 2 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15352

State File No.

Registration District No. 630

Primary Registration District No. 4380

Registrar's No.

1. PLACE OF DEATH:

(a) County NOODAWAY
(b) City or town SKIDMORE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community THREE MONTHS
years, months or days)

8. (a) PRINT FULL NAME NELSON ADKINS

8. (b) If veteran, name war _____ 3. (c) Social Security No. NO

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. VIOLA ADKINS 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased JUNE - 21 - 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 9 2 hr. min.

9. Birthplace UNKNOWN INDIANA
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

12. Name HENRY ADKINS
13. Birthplace UNKNOWN IND.
(City, town, or county) (State or foreign country)
14. Maiden name JANE RIDGES
15. Birthplace UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Otha Young

(b) Address Mayville Mo. 63.4

17. (a) MIRIAM CEM. (b) Date thereof 9-26-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MIRIAM

18. (a) Signature of funeral director J. Fred Tuhene

(b) Address 5 Savannah

19. (a) 3/29/41 (b) Dr. J. C. Manning
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County NOODAWAY
(c) City or town SKIDMORE
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1941 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from March 18, 1941, to March 23, 1941,
that I last saw him alive on March 23, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death

Influenza Lobar Pneumonia

Due to _____

Due to 37 W

Other conditions mitral regurgitation
(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? 561 (Specify type of place) (e) Means of injury _____

23. Signature J. C. Manning (M. D. or other) 11

Address Skidmore Mo Date signed March 29 1941

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.