

0-2
13-40
7-39
X23159

FILED MAY 23 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15628

Registration District No. 735 Primary Registration District No. 3034 State File No. _____
Registrar's No. 97

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(c) Name of hospital or institution: 126 Thompson
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

3. (a) PRINT FULL NAME Sidney Adkisson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 4th 1848
(Month) (Day) (Year)

8. AGE: Years 93 Months 1 Days 24 If less than one day hr. _____ min. _____

9. Birthplace _____ (City, town, or county) _____ (State or foreign country) Mo. 1
10. Usual occupation at home

11. Industry or business _____
12. Name Frank Weatherford
13. Birthplace _____ (City, town, or county) _____ (State or foreign country) Mo. 1
14. Maiden name Anna Adkisson
15. Birthplace _____ (City, town, or county) _____ (State or foreign country) Mo. 1

16. (a) Informant Mrs. Della Johnson
(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Apr 30-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahon and Son
(b) Address Moberly

19. (a) Apr 30-41 (b) Leah Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly
(d) Street No. 126 Thompson
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 28th year 1941 hour _____ minute 20 a.m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Senility
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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 gr. about home, on farm, in industrial place, in public place? _____

23. Signature [Signature] (M. D. or other) _____
Address 925 W. 1st St. Date signed _____

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

MOTHER FATHER

Moberly, Mo.

RECEIVED

District Health Officer No. 10

District File Number 5-41-1043

Date Filed MAY 20 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

Frank S. D. Witt

Licensed Embalmer No. 3021

P. O. Address

Moberly 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.