

No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26450

State File No. _____

1945 AUG 7 1945
Registration District No. 112

Primary Registration District No. 6162

Registrar's No. 222

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

1. PLACE OF DEATH:

(a) County Vernon (Washington)
(b) City or town Burien (Washington)
(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 _____
(Specify whether
In this community _____
years, months or days) Seven years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon¹⁰⁸
(c) City or town Nevada¹
(If outside city or town limits, write "RURAL") 2
(d) Street No. 426 S Oak
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1941 hour about 10 minute p. 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 _____

Fractured skull
Due to - compound -

Due to _____
Other conditions _____
(Include pregnancy within 8 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Carl L. Adkins

3. (b) If veteran, name war no - 3. (c) Social Security No. 500-10-6766

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

6. (b) Name of husband or wife Jessie Adkins 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Aug. 6, 1896
(Month) (Day) (Year)

8. AGE: Years 44 Months 10 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Burien, W. Va. (City, town, or county) (State or foreign country)

10. Usual occupation W. P. A.

11. Industry or business _____

MOTHER FATHER { 12. Name Jacke Adkins
13. Birthplace Floyd Co. W. Va.
14. Maiden name Miss Sarah J. Banner
15. Birthplace Burien, W. Va.

16. (a) Informant Jessie Adkins
(b) Address Nevada, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/41
(Month) (Day) (Year)
(c) Place: burial or cremation Maplewood Cemetery

18. (a) Signature of funeral director Mark Seibinger
(b) Address Nevada, Mo.

19. (a) 7/9/45 (Date received local registrar) (b) Allen H. Bays (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 6-13-41
(c) Where did injury occur? Highway #71 1/2 mi. west of Nevada
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? _____ (Specify type of place)
(e) Means of injury hit by automobile
23. Signature R. B. ... (M. D. or other) ?
Address Nevada, Mo. Date signed 6-14-41

RECEIVED

District Health Officer No. 7,

District File Number 8-41-1234

Date Filed 8-5-41

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. 2636

P. O. Address Nevada

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

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