

**Aug 29 1941**  
Registration District No. 27

Primary Registration District No. 4253

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Holden  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Residence  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None 1  
(Specify whether  
In this community All Life  
years, months or days)

8. (a) PRINT FULL NAME Ellen Adkins

8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife R. L. Adkins 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased March 17 1857  
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 16 If less than one day hr. min.

9. Birthplace Johnson Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business House Work

MOTHER FATHER { 12. Name Jim Williams  
13. Birthplace W. Va.  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Unknown  
15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant T. P. Adkins  
(b) Address Holden Mo.

17. (a) Burial (b) Date thereof 7/4/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Holden Cemetery

18. (a) Signature of funeral director J. H. Murray  
(b) Address Holden Mo.

19. (a) 7/5/41 (b) Mrs. B. V. Redford  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Johnson 051  
(c) City or town Holden 0  
(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 July day 3  
year 1941 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan  
1, 1941, to July 3, 1941;  
that I last saw her alive on July 1, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Arterio sclerotic gangrene  
of left foot.

Due to 97

Other conditions Gen Arterio sclerosis  
(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 or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature Kelly Rawlins (M. D. or dentist) 1/1  
Address Holden Mo Date signed 7/3/41

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

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 8-27-41

**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 Me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed J. H. Murray

Licensed Embalmer No. 2893

P. O. Address Holden, 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, above space should be left blank.