

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILLED OCT 13 1941

Registration District No. 538

Primary Registration District No. 3028

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Fredericktown, MO
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Madison
(c) City or town Fredericktown
(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.? _____ years

3. (a) PRINT FULL NAME Jerry Lee Adkinson
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 3 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months 4 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Fredericktown, MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Robert Sidney Adkinson
13. Birthplace Libertin, MO
(City, town, or county) (State or foreign country)
14. Maiden name of mother Esther Signers
15. Birthplace Libertin, MO
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Robert Adkinson
(b) Address Fredericktown, MO

17. (a) Burial (b) Date thereof Sept 29 1941
(Burial, cremation or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fredericktown, MO

18. (a) Signature of funeral director Ed Hedrick
(b) Address Fredericktown, MO

19. (a) Sept 29 1941 (b) S. B. Cloughder
(Date received local registrar) (Registrar's Name)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28
year 1941 hour 7 minute 15 P. M.
21. I hereby certify that I attended the deceased from September 18, 1941, to September 28, 1941;
that I last saw him alive on September 28, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 18 hrs
Due to Pertussis 6-28-41

Due to _____
Other conditions (include pregnancy within 3 months of death) 9

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 9

23. Signature Dr. J. L. Hull (M. D. or other) D.O.
Address Fredericktown, MO Date signed 9-29-41

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

REV. 5-17-39
U. S. G. P. 1611 X1951

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Ed H Webb*.....

Licensed Embalmer No. *731*.....

P. O. Address *Fredricktown*.....
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.