

DEC 5 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39684

Do not use this space.

1. PLACE OF DEATH

(a) County Stone Registration District No. 451
(b) Township Crane Primary Registration District No. 451
(c) City Crane (d) Street No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Crane mo St. 1
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14 - 1878

7. AGE YEARS 63 MONTHS 5 DAYS 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Rail Road
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Keokuk (STATE OR COUNTRY) Ark

13. NAME Thomas May Adkins

14. BIRTHPLACE (CITY OR TOWN) Ark (STATE OR COUNTRY)

15. MAIDEN NAME Lau Butts

16. BIRTHPLACE (CITY OR TOWN) Ark (STATE OR COUNTRY)

17. INFORMANT J. R. Adkins (ADDRESS) Malden mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crane mo DATE 12-2 1941

19. FUNERAL DIRECTOR (NAME) George H. Monahan (ADDRESS) Crane mo

20. FILED 12-1 1941 Ethel Doyett Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-30 1941

22. I HEREBY CERTIFY, That I attended deceased from April - 1 - 1940 to Nov - 30 - 1941

I last saw him alive on Nov - 29 - 1941. Death is said to have occurred on the date stated above, at 2:45 P m.

The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia Date of onset 11-26-41

131a

Other contributory causes of importance: Cardio-Vascular - Renal disease 1925

Name of operation None Date of -

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? - Date of injury -, 19-

Where did injury occur? - (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify -

(Signed) H. L. Terry, M. D.

(Address) Crane mo

JAN 13 1942

DEC 5 1941

JAN 8 1942

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 *George H. Montore*

Licensed Embalmer No. *3827*

P. O. Address *Oran, 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.