S. No. 2
—9-4-41
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PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41133

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4814

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wheatley Provident Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12/18 to 12/22 (Specify whether
In this community 0 10 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 048
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 1322 Michigan 8
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Woodrow Adkins
3. (b) If veteran, name war: None
3. (c) Social Security No. 487-16-1148
4. Sex: Male
5. Color or race: Col
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: October 22, 1913 (Month) (Day) (Year)

8. AGE: Years 28 Months 2 Days 0 If less than one day hr. min.

9. Birthplace: Houston (City, town, or county) Texas (State or foreign country)
10. Usual occupation: Orderly
11. Industry or business: General Hospital #2
FATHER
12. Name: N. S. Adkins
13. Birthplace: Lindale (City, town, or country) Texas (State or foreign country)
MOTHER
14. Maiden name: Amelia R. King
15. Birthplace: Browning (City, town, or county) Texas (State or foreign country)
16. (a) Informant: N. S. Adkins
(b) Address: 1322 Michigan
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/26/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Lincoln Cemetery
18. (a) Signature of funeral director: Hatkins Bros.
(b) Address: 1729 Lydia
19. (a) 12-26-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22 year 1941 hour 4 minute 20 A. M.
21. I hereby certify that I attended the deceased from Dec 15 1941, to Dec 22 1941, that I last saw him alive on Dec 22 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumococcus meningitis
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations: 0
Of autopsy:

Duration

PHYSICIAN
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: 0
23. Signature: (M. D. or other)
Address: 1612 E 1st Date signed 12/26/41

(Licensed Embalmer's Statement on Reverse Side)

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 D. J. Mainlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.