

FILED MAY 23 1942

Registration District No.

Primary Registration District No. 4218

Registrar's No. 26

1. PLACE OF DEATH:

(a) County: Holt
(b) City or town: Mount City
(c) Name of hospital or institution: City
(d) Length of stay: 18 years
In this community: 18 years

3. (a) PRINT FULL NAME: ANNA ADKISON

3. (b) If veteran, name war: X 3. (c) Social Security No.: X

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: X 6. (c) Age of husband or wife: X years
7. Birth date of deceased: Nov 1876

8. AGE: Years: 65 Months: 65 Days: 7 1.7 X hr. X min.

9. Birthplace: Holt County, Mo

10. Usual occupation: House wife

11. Industry or business: Farm

12. Name: Andy Farmer

13. Birthplace: 9

14. Maiden name: Amad Powder

15. Birthplace: Holt County, Mo

16. (a) Informant: Eula Junstord

(b) Address: Creighton, Mo

17. (a) Mount Hope (b) Date thereof: April 1942

(c) Place: burial or cremation: Mount City, Mo.

18. (a) Signature of funeral director: Frank Johnson

(b) Address: Saint Louis, Mo

19. (a) 4-19-42 (b) Paulus Dawson

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Holt Co
(c) City or town: Mount City, Mo
(d) Street No.: City
(e) Citizen of foreign country? X (Yes or No)
If yes, name country: X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 17 year: 1942 hour: 7 minute: 0 M.

21. I hereby certify that I attended the deceased from Jan 2 1942 to April 17 1942
that I last saw her alive on April 15 and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy Duration: 15 yr.
Due to: hypertension

Other conditions: 8301
(Include pregnancy within 3 months of death)

Major findings: 8301
Of operations: _____
Of autopsy: _____

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?

(Specify type of place) While at work? (e) Means of injury: 2

23. Signature: W. E. Paul, D.O. (M. D. or other)
Address: Mount City Date signed: Apr 18

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

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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

Fred Terhune

Licensed Embalmer No.....

P. O. Address.....

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.