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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9880

ED APR 10 1943

Registration District No. 56

Primary Registration District No. 4084

State File No. ....

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Wakanda  
(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 Life \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Carroll

(c) City or town Wakanda  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELMER S. ADKINS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race W 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 apr - 15 - 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 10 16 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Carroll Co mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George Adkins

13. Birthplace Carroll Co mo  
(City, town, or county) (State or foreign country)

14. Maiden name Ewing

15. Birthplace Cooper Co mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Nathan

(b) Address Wakanda Mo

17. (a) Burial (b) Date thereof mdc-3-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Adkins Cem, Carroll Co

18. (a) Signature of funeral director Harry Herschberger

(b) Address Marshall Mo

19. (a) 3-5-1943 (b) Heiter Fisher  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month mdc day 1  
year 1943 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Mar 1 1943 to Mar 1 1943  
that I last saw him alive on Mar 1 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary

Due to atherosclerosis

Due to also age

Other conditions (Include pregnancy within 3 months of death) gpa

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? \_\_\_\_\_

23. Signature R. Hamilton Stator (Specify type of place) Mo  
Address Carrollton Mo (Means of injury) \_\_\_\_\_ Date signed Mar 1/43

Duration

few minutes

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-9-43

APR 12 1943

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.....

*Harry Herschberger*

Registered Apprentice No. 334

working under my personal supervision.

Signed *Fred Wilkinson*

Licensed Embalmer No. 2478

P. O. Address *Cleunoy MA*

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.