

FILED APR 12 1943
Registration District No. 136

Primary Registration District No. 2000

State File No. 253
Registrar's No. 253

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1030 CHERRY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 74 YR.
(Specify whether years, months or days)
In this community 74 YR.

3. (a) PRINT FULL NAME MARY ADKINS

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Dec 25 1869
7. Birth date of deceased FEB. (Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 4 If less than one day hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business IN HOME

12. Name ELY HEADY
13. Birthplace Unknown UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name MARTHA PRESLEY
15. Birthplace Unknown UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Stella Inby

(b) Address SPRINGFIELD MO.

17. (a) Burial (b) Date thereof Mar 31 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Clear Creek Cem.

18. (a) Signature of funeral director J. W. Klingner MO.

(b) Address SPRINGFIELD MO.

19. (a) 3-31-43 (b) Dr. H. G. Hays (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County GREENE
(c) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL")
(d) Street No. 330 N. Division
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 29th
year 1943 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from 9 30 1941 to Mar 30 1943
that I last saw him alive on 3/29 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis Duration 2 yrs

Due to Renal

Due to Acidosis 12/10

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

Major findings: Of operations none

Of autopsy none

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) none
(b) Date of occurrence none
(c) Where did injury occur? none
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

While at work? none (Specify type of place) (e) Means of injury

23. Signature J. P. Freeman (M. Doctor)
Address Springfield MO Date signed 3/30/43

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

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.....

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.