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FILED MAY 20 1943 55

Registration District No. 55

Primary Registration District No. 3011

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Atwood's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll

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

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ALZADA FRANCES ADKINS

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 26
year 1943 hour 9 minute 30 P. M.

4. Sex Fe 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Robert M Adkins 6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 24 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1943 to 4-26 1943 that I last saw him alive on 4-26 1943 and that death occurred on the date and hour stated above.

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

82 10 2 hr. min.

Immediate cause of death Myocardial Insufficiency

Duration ?

9. Birthplace Findlay Ohio
(City, town, or county) (State or foreign country)

Due to
Due to

10. Usual occupation at home

Other conditions (Include pregnancy within 3 months of death) 92 lb

11. Industry or business

12. Name Wm P. Huffman

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Emmaly E. Huffman

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

Major findings: Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Thomas Henderson

(b) Address Carrollton Mo.

17. (a) Burial (b) Date thereof 4-29-43
(Burial, cremation, or funeral) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Stanley

(b) Address Carrollton Mo.

19. (a) 4-29-43 (b) Professional
(Date received local registrar) (Registrar's signature)

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 Heart

23. Signature William B. Atwood (M. D. or other) Yes

Address Carrollton Mo Date signed 4/27/43

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

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1055

5-15-43

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.....

Ben W. Gibson

Licensed Embalmer No. *2961*

P. O. Address.....

Carrollton 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, fact should be so stated above.