

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED JUN 8 1943

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

19201

Do not use this space.

1. PLACE OF DEATH

(a) County Schuyler Registration District No. 325
 (b) Township _____ Primary Registration District No. 4478
 (c) City LANCASTER (d) Street No. 1 St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Amos Roy Adkins

(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State) 1
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Bertha Adkins
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1884
 7. AGE YEARS 59 MONTHS 1 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. barber
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) May 13, 1943 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co Mo

FATHER 13. NAME Alexander Adkins
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

MOTHER 15. MAIDEN NAME Lucinda Bunch
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co Mo

17. INFORMANT (NAME) Myrtle Rimes (ADDRESS) Lancaster Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Lancaster, Mo DATE May 17, 194319. FUNERAL DIRECTOR (NAME) Morehead (ADDRESS) Lancaster Mo20. FILED May 17, 1943 G. A. Justice Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1943

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris Date of onset _____Other contributory causes of importance: 94 lb

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____.

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) A. H. Keller, M. P.(Address) Lancaster, MissouriCorning & Schuyler Co. state of Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 6-43-982

Date Filed JUN 7 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.....

Trues Mimmie Marehead

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Trues Mimmie Marehead

Licensed Embalmer No.

3731-3680

P. O. Address

Lancaster 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, above space should be left blank.