

FILED AUG 11 1943 149  
Registration District No.

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4015 Norton  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none (Specify whether years, months or days)  
In this community 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson  
(c) City or town South Park, Kans.  
(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 2

3. (a) PRINT FULL NAME Jasper N. Adkins

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Benjamin 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 22 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 4 2 hr. min.

9. Birthplace no record Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation School Custodian

11. Industry or business South Park, School

12. Name Joseph Adkins

13. Birthplace no record no record  
(City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record no record  
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Thomas

(b) Address 4015 Norton

17. (a) Burial (b) Date thereof July 26-43  
(Place, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shawnee, Cem., Kans.

18. (a) Signature of funeral director Gates Funeral Home

(b) Address 1901 Olive Blvd.

19. (a) 7-27-43 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 1933 to July 24, 1943; that I last saw him alive on 7/22/43 and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis (Senility) Duration 7

Due to \_\_\_\_\_

Due to 93d

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M.D. or other)

Address 1461 S. W. Blvd. Date signed 7/24/43

**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..... *W. M. Ward*

Licensed Embalmer No. *3991*

P. O. Address..... *309 E. 67<sup>th</sup> St.*

**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.**

*W. P. M. O.*