

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 13 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38220
Registrar's No. 76

Registration District No. 170

Primary Registration District No. 3024

1. PLACE OF DEATH:

(a) County. Howard,
(b) City or town. Fayette,
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Huston Davis Adkisson,

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed,
6. (b) Name of husband or wife. Mary Elizabeth Adkisson, live. years
7. Birth date of deceased. June 18th 1866 (Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 10 If less than one day hr. min.

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

10. Usual occupation. At home,

11. Industry or business.

12. Name. Warren Adkisson,
13. Birthplace. Missouri, (City, town, or county) (State or foreign country)
14. Maiden name. Sarah Mc Mahan,
15. Birthplace. Missouri, (City, town, or county) (State or foreign country)

16. (a) Informant. Mrs E.E. Rich Mo.
(b) Address. Fayette, Mo.

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof. 11-30th 1943 (Month) (Day) (Year)
(c) Place: burial or cremation. Marshall, Mo.

18. (a) Signature of funeral director. Guy T. Halley.
(b) Address. Fayette, Mo.

19. (a) 11-30-1943 (b) (Date received local registrar) (Registrator's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Howard,
(c) City or town. Fayette, (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28-43 year 1943 hour 5 minute 35 P.M.

21. I hereby certify that I attended the deceased from Aug 29 1943 to Nov 28 1943, that I last saw him alive on 11-28 1943 and that death occurred on the date and hour stated above.

Immediate cause of death. Javalis Septicemia 8 weeks
Friedrich's Disease 4 weeks
Due to acute suppurative arthritis Rt knee
Due to aneurysm - Rt popliteal artery 3

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

Major findings. Of operations. 240
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).
(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. H. L. Coffman (M. D. or other) 24
Address. Fayette, Mo. Date signed 11-29-43

1321 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Health Officer No. 8,

District File Number.....

Date Filed 12-10-43

DEC 4 1951

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.