

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2022**

FILED FEB 1 1943

Registration District No. **808**

Primary Registration District No. **3006-57-20**

Registrar's No. **297**

1. PLACE OF DEATH:

(a) County **Boone**
(b) City or town **Columbia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Wilhite Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Day**
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME **Elizabeth M. Adkisson**

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 **Widowed**

6. (b) Name of husband or wife **James T. Adkisson** 6. (c) Age of husband or wife if alive **86** years

7. Birth date of deceased. **About 86**
(Month) (Day) (Year)

8. AGE: Years **86 (?)** Months Days If less than one day
hr. min.

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

10. Usual occupation **None**

11. Industry or business

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **B. Noel**

(b) Address **Mexico, Mo.**

17. (a) **Removal** (b) Date thereof **Dec. 11, 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Appleman Chapel, Mo.**

18. (a) Signature of funeral director **Paul E. Pugh**

(b) Address **Mexico, Mo.**

19. (a) **12-11-1943** (b) **Edna H. Barber**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone**
(c) City or town **Centralia**
(If outside city or town limits, write "RURAL")
(d) Street No. **N. Rollins St**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **12** year **1943** hour **12** minute **P** M.

21. I hereby certify that I attended the deceased from **Dec 10**, 1943, to **Dec 11**, 1943, that I last saw him alive on **Dec 10**, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia** Duration **2 dy**

Due to

Due to

Other conditions (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)
(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?

(Specify type of place)
-While at work? (c) Means of injury

23. Signature **Alvin H. Kaufman** (M. D. or other)
Address **Columbia, Mo.** Date signed **12-11-43**

1230

(Licensed Embalmer's Statement on Reverse Side)

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

*Dr. Hampsmeth
Renter Bunkling*

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.....

Earl E. Precht, Registered Apprentice No.
working under my personal supervision.

Signed

Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.