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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 1 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7885

State File No.

Registration District No. 257 Primary Registration District No. 3048 Registrar's No. 37

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: Mrs Brodricks 4 nursing home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks (Specify whether
In this community 26 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) ~~State~~ Nodaway Co (b) ~~County~~ State Missouri 74

(c) City or town Maryville (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 MRS VIOLA ADKINS

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race White

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

6. (b) Name of husband ~~or wife~~ MR. NELSON ADKINS

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. (Month) 26 (Day) 1872 (Year)

8. AGE: Years 71 Months 11 Days 26 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Robt Batson
13. Birthplace ~~unknown~~ Near Clombus (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name ~~unknown~~ Mary Elizabeth Reed
15. Birthplace ~~unknown~~ Near Clombus (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs Grace Young
(b) Address Maryville Mo.

17. (a) Miriam Cem (Burial, ~~cremation, or removal~~) (b) Date thereof 2-26-44 (Month) (Day) (Year)
(c) Place: burial or cremation Maryville Mo

18. (a) Signature of funeral director J. Fred Terhune
(b) Address Savannah Mo

19. (a) 2-24-44 (Date received local registrar) (b) Amy Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February 22, 1944 hour 3 P.M. minute M.

21. I hereby certify that I attended the deceased from February 10 1938 to Feb 22 1944 that I last saw her alive on Feb 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Rheumatic Endocarditis Myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 58 b

Major findings:
Of operations

Of autopsy

Duration

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? ✓ (e) Means of injury ✓

23. Signature Chas T. Bell (M. D. or other)
Address Maryville Mo Date signed 2/24/44

1344

(Licensed Embalmer's Statement on Reverse Side)

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 J. Fred Terhune

Licensed Embalmer No. 1279

P. O. Address Savannah mu

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.