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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 7 1944  
Registration District No. \_\_\_\_\_

Primary Registration District No. 4776

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Holt

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 65 years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Holt 44

(c) City or town Corning  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George W. Adkins

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10<sup>th</sup> day Mar year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Sept. 29, 1878  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1 - 1944 to Feb 9<sup>th</sup> 1944

that I last saw him alive on Feb 9, 44 and that death occurred on the date and hour stated above.

Immediate cause of death Flu

8. AGE: Years Months Days If less than one day

65 5 11 hr. \_\_\_\_\_ min.

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

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

Other conditions Branchitis (not TB)  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Retired real estate dealer

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name John J. Adkins

13. Birthplace Coal Creek, Tenn.  
(City, town or county) (State or foreign country)

14. Maiden name Elizabeth Ann Spencer

15. Birthplace Kingston, Mo.  
(City, town or county) (State or foreign country)

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 Joe Chaney (M. D. or other) \_\_\_\_\_

Address Wound City, Mo Date signed 872 44

16. (a) Informant Margaret E. Gregory

(b) Address Kansas City, Mo.

17. (a) Burial (burial, cremation, or removal) (b) Date thereof 3/12/44  
(Month) (Day) (Year)

(c) Place: burial or cremation Parrish Cemetery

18. (a) Signature of funeral director Wilbur L. Schoder

(b) Address Craig, Mo.

19. (a) 3-13-44 (Date received local registrar) (b) Pauline Lawrence (Registrar's signature)

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

44  
0  
0

1185

(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.....  
*Myself*....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Wilber L. Schooler*.....

Licensed Embalmer No. *3997*.....

P. O. Address..... *Craig, 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.**