

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

21854

Registration District No.

169

Primary Registration District No.

4298

Registrar's No.

204

1. PLACE OF DEATH:

(a) County Knox
(b) City or town Edina
(If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether)
In this community Life
years, months or days

3. (a) PRINT FULL NAME Johnnie Lee Adkins

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased April 23 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
I 28 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name Johnnie Lee Adkins
13. Birthplace Kirkville Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Martha Helen McKinney
15. Birthplace Edina Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Helen Adkins
(b) Address Edina, Missouri
17. (a) Burial (b) Date thereof June 24 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Linville-Edina, Mo.

18. (a) Signature of funeral director Kath. Hudson
(b) Address Edina, Missouri
19. (a) 6-25-44 (b) Nelle Northcutt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox
(c) City or town Edina
(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 June day 21
year 1944 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Apr. 23, 1944, to June 21, 1944;
that I last saw him alive on June 21, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Blow baby
Due to Premature birth

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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 C. C. Clifton D. M.D.
Address Edina Date signed 6-24-44

(Licensed Embalmer's Statement on Reverse Side)

1142

RECEIVED
District Health Officer No. 19
District File Number 7-44-1230
Date Filed JUL 12 1944

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Missouri

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.