

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

FILED JAN 22 1945

Registration District No. 241

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4360

State File No.

2939

Registrar's No.

574

1. PLACE OF DEATH:

(a) County New Madrid
 (b) City or town Portageville
 (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) 1

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

In this community Life
 years, months or days)

3. (a) PRINT
 FULL NAME

Loris Adkins

3. (b) If veteran,
 name war

3. (c) Social Security
 No.

4. Sex M 5. Color or
 race Negro 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 12 11 1944
 (Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

12. Name James L. Adkins
 13. Birthplace Portageville Co. Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Anna Bell Loomis
 15. Birthplace Portageville Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant James L. Adkins
 (b) Address Portageville, Mo.

17. (a) Buried (b) Date thereof 12-19-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville, Mo.

18. (a) Signature of funeral director Frederick

(b) Address

19. (a) 12-19-44 (b) Ellen A. Leslie
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
 (c) City or town Portageville, Mo. 72
 (If outside city or town limits, write "RURAL") 6

(d) Street No. (If rural, give location) 0

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

If yes, name country 17

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19
 year 1944 hour 8 minute A M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Struggle to death in jungle battle
 Duration

Due to

Due to ADDITIONAL
 SUPPLEMENTARY
 INFORMATION
 REQUESTED
 1952 19

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy

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) 072

(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 5

23. Signature Leo H. Hedges (M. D. or other) Coroner

Address New Madrid, Mo. Date signed 12/19-44

RECEIVED

District Health Office No. 2,

District File Number 145-70

Date Filed 1-16-45

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.