

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

9023

FILED MAR 16 1945

Registration District No.

Primary Registration District No.

1000

Registrar's No.

204

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Hartssock's Gen. Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 min.
 (Specify whether
 In this community 3 Do.
 years, months or days)

3. (a) PRINT FULL NAME Ronald L. Adkins

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

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 Feb 18 1945
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 3 hr. min.

9. Birthplace: St Joseph Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

MOTHER FATHER { 12. Name Marion Adkins
 13. Birthplace Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Dora L. Atkinson
 15. Birthplace Kans
 (City, town, or county) (State or foreign country)

16. (a) Informant Dora Adkins
 (b) Address St Joseph, Mo
 17. (a) Burial (b) Date thereof 2-22-45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Buried Memo. Park

18. (a) Signature of funeral director Fleeman & Son Inc
 (b) Address St Joseph, Mo
 19. (a) 2-22-45 (b) John J. Piker
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
 (c) City or town St Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 919 So 18th
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21
 year 1945 hour 10 minute 10 A M.

21. I hereby certify that I attended the deceased from 2-18
1945, to 2-21, 1945
 that I last saw h. er alive on 2-21, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration —

Due to congenital debility
uterus.

Other conditions —
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations 161

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:

(c) 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) (c) Means of injury —

23. Signature Will N. Brown (D. or other)
 Address 222 Logan B Date signed 2/22/45

(Licensed Embalmer's Statement on Reverse Side)

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

1317

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.....

working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.