

FILED AUG 18 1945 STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 156

Primary Registration District No. 2-0-0-1-5581

Registrar's No. 345

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin Rural, Galena township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: R. 3 - Tuckhoe /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 50 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME William Clark 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 married  
6. (b) Name of husband or wife Libbie Adkins 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased August 5, 1864  
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 23 If less than one day 9 hr. 9 min.

9. Birthplace not known  
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business

MOTHER, FATHER { 12. Name not known  
13. Birthplace not known  
(City, town, or county) (State or foreign country)  
14. Maiden name not known  
15. Birthplace not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Libbie Adkins  
(b) Address R.F.D. # 3, Joplin, Missouri

17. (a) burial (b) Date thereof 7/30/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carl Junction Cemetery

18. (a) Signature of funeral director PARKER-HUNSAKER  
(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 7-30-45 (b) Arthur S. Suck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 4/1  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R. 3 Joplin - Tuckhoe 0  
(If rural, give location)  
(e) Citizen of foreign country? no 0 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28  
year 1945 hour 1 minute A M.

21. I hereby certify that I attended the deceased from July 23, 1945 to July 27 inclusive, 1945  
that I last saw him alive on July 27, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Insufficiency  
Due to Heart stroke

Due to  
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) 4/9  
(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 2  
23. Signature Otis L. Dickey, M.D. (M.D. or other)  
Address Franklin City, Joplin, Mo. Date signed July 30 1945

(Licensed Embalmer's Statement on Reverse Side)

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

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**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.....

*F. M. Jones*

Licensed Embalmer No.....

*2219*

P. O. Address.....

*Joplin Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**