

FILED OCT 23 1945

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4126

1. PLACE OF DEATH:

(a) County JACKSON
 (b) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: RESEARCH HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 HOURS
 (Specify whether years, months or days) 10 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
 (c) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3300 - TRACY AVENUE
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country ✓

3. (a) PRINT FULL NAME MR ROY CECIL ADKINS

3. (b) If veteran, name war WORLD WAR I 3. (c) Social Security No. 495-03-2856

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS CATHERINE SPEARS ADKINS 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased NOVEMBER 30 1899
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>10</u>	<u>5</u>	hr. _____ min.

9. Birthplace MARTINSBURG - KENTUCKY
 (City, town, or county) (State or foreign country)

10. Usual occupation: None
 Industry or business: None

12. Name SYLVESTER GREEN ADKINS

13. Birthplace UNKNOWN
 (City, town, or county) (State or foreign country)

14. Maiden name SUSAN RATCAMP

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

(b) Informant MRS CATHERINE S ADKINS

(b) Address 3300 TRACY AVENUE

17. (a) BURIAL (b) Date thereof OCT 9 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FLORAL HILLS CEM.

18. (a) Signature of funeral director W. H. Newcomer, Son
 (b) Address 1401 BRUSH CREEK BLYD.
 19. (a) 10-8-45 (b) Heraldine Holmes
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 5TH
 year 1945 hour 1 minute 02 P. M.

21. I hereby certify that I attended the deceased from 10-2-45 to 10-5-45, 1945, that I last saw him alive on 10-5-45, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis

Due to _____
 Due to _____

Other conditions: _____
 (Include pregnancy within 3 months of death)

Major findings: 94a
 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) (c) Means of injury ✓

23. Signature Harold A. Palkett (M. D. or other) 1945
 Address 1132 Prof. Park Kc. Date signed 10-5-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WHILE FILING—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOTICE: If death is due to external causes, fill in the following:

DEC - 5 1945

OCT 27 1945

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.....

H. H. Newcomb

Licensed Embalmer No.....

4820

P. O. Address.....

R. C. 4 M

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

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

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri)
County of Jackson)
SS.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 4126

On this 17th day of October, 1945, before me appears Mrs. Catherine K. Adkins, who, upon her oath, states that the original record of ~~birth~~ death for Ray Cecil Adkins, died October 5, 1945, in the State of Missouri, and which was filed at Kansas City, Mo. on 10-8-, 1945, should be corrected as follows:

Item No. 10 should read none

Instead of Member State Board of Health

Item No. 11 should read none

Instead of Food & Drug Division

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Mrs. Catherine K. Adkins (Wife) Relationship.

3300 Frank, K.C. Mo. Present Address.

Subscribed and sworn to before me this 17th day of Oct., 1945.

My Commission expires Oct. 20, 1947. Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

32546