

**FILED JAN 8 1946 STANDARD CERTIFICATE OF DEATH**

Registration District No. **335** Primary Registration District No. **6118** Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County **Scott**  
(b) City or town **near Bran**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Home**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community **most of life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Laura I. Adkins**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **W. B. Adkins** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Jan 16 - 1860**  
(Month) (Day) (Year)

8. AGE: Years **85** Months **11** Days **3** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Franklin Co. Ill**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Lam Webb**  
13. Birthplace **Ill**  
(City, town, or county) (State or foreign country)  
14. Maiden name **unknown**  
15. Birthplace **unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Husband**  
(b) Address **Bran**  
17. (a) **Burial** (b) Date thereof **12/19/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Carpenter**

18. (a) Signature of funeral director **Dr. W. Taylor**  
(b) Address **St. Louis**  
19. **1-4-46** (b) **St. Louis**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Scott**  
(c) City or town **Crowder**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **12** day **18**  
year **1945** hour **4** minute **2** M.

21. I hereby certify that I attended the deceased from **12/12** 1945 to **12/18** 1945  
that I last saw him alive on **Dec 17** 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death **Influenza**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions **Endocarditis**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **338**

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? \_\_\_\_\_

(Specify type of place)  
(e) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_

23. Signature **J. Cline** (M. D. or other) \_\_\_\_\_  
Address **Bran** Date signed **12/18/45**

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.....

working under my personal supervision.

Registered Apprentice No. ....

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.**