

FILED JAN 17 1946

Registration District No. 26

Primary Registration District No. 3049

1. PLACE OF DEATH

(a) County Permiut
(b) City or town Wayz
(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)
(d) Length of stay: In hospital or institution non (Specify whether)
In this community 3 yrs (years, months or days)

3. (a) PRINT FULL NAME

MANCERVA ADKINS

3. (b) If veteran, name war

3. (c) Social Security No. -

4. Sex F-3 5. Color or race Cal

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased June (Month)

9 (Day) 1864 (Year)

8. AGE: Years 81 Months 6 Days 25

If less than one day hr. min.

9. Birthplace Montgomery (City, town, or county)

Ala (State or foreign country)

10. Usual occupation House work

11. Industry or business

12. Name Unknown

13. Birthplace (City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county)

(State or foreign country)

16. (a) Informant Letha Williams

(b) Address Wayz

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof January 7, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Smith Chapel New Centerville, Mo

18. (a) Signature of funeral director J. L. Johnson

(b) Address State

19. (a) 1-7-44 (Date received local registrar) (b) Queller Kelly (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Permiut
(c) City or town Wayz (If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
year 1946 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from March, 10 1945, to Same 1945
that I last saw her alive on March, 10 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Unknown
Extreme old age blind, emaciated, anemic

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

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)
(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 A. H. Reeder (M. D. or other)
Address Portageville, Mo. Date signed

12-45-252

JAN 21 1948

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.....

John H. German

Licensed Embalmer No. *4355*

P. O. Address.....

Stale, Mo. Box 481

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.