

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED MAR 1 1946 STANDARD CERTIFICATE OF DEATH

State File No. **6445**

Registration District No. **207**

Primary Registration District No. **4318**

Registrar's No. **6**

1. PLACE OF DEATH:

(a) County **Maries**
(b) City or town **Vienna, Mo.**
(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 **life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Minnie Adkins**

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

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **J. P. Adkins** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **March 17 1866** (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 10 19 hr. _____ min.

9. Birthplace **Vienna, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business _____

12. Name **George Franklin** 13. Birthplace **Ireland** (City, town, or county) (State or foreign country)
14. Maiden name **Anna Ryan** 15. Birthplace **Ireland** (City, town, or county) (State or foreign country)

16. (a) Informant **Clay Adkins**
(b) Address **Vienna Mo R.F.D.**
17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **2/9/46** (Month) (Day) (Year)
(c) Place: burial or cremation **Union Hill Cemetery**

18. (a) Signature of funeral director **H. Cunningham**
(b) Address **Vienna, Missouri**
19. (a) **2-16-46** (Date received local registrar) (b) **Pauline Howard** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **6** year **1946** hour **9** minute _____ P. M.

21. I hereby certify that I attended the deceased from **August 4** 19 **43** to **February 6** 19 **46**
that I last saw her alive on **February 6, 1946** and that death occurred on the date and hour stated above.

Immediate cause of death **Gastric Carcinoma**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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) (e) Means of injury _____
23. Signature **P. Howard** (M. D. or other) **D.O.**
Address **Vienna, Missouri** Date signed **2/15/46**

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 2-28-46

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 W.C. Birmingham
Licensed Embalmer No. 3664
P. O. Address Chester, 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.