

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 18 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36083

State File No.

Registration District No. 38

Primary Registration District No. 3006 5120

Registrar's No. 273

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Brown Station R1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Columbia Township
(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

Benjamin C. Adkins

3. (b) If veteran,

name war X

3. (c) Social Security

No. X

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased March 1 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 6 If less than one day hr. min.

9. Birthplace Boone Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Jos S Adkins
13. Birthplace Franklin Co Va
(City, town, or county) (State or foreign country)
14. Maiden name Martha Brown
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Adkins
(b) Address Brown Station R1
17. (a) Burial (b) Date thereof Nov 9 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Johnson Cem
18. (a) Signature of funeral director R.O. Wilcox
(b) Address Columbia Mo
19. (a) 11-9-46 (b) Mrs R E Palmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
(c) City or town Columbia 0
(If outside city or town limits, write "RURAL")
(d) Street No. Brick Plant Rd 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7th
year 1946 hour 3 minute P. M.
21. I hereby certify that I attended the deceased from Oct-10 1946, to Nov-7 1946;
that I last saw him alive on Nov-4 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage of
Rectum

Due to ✓

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 46D
Of autopsy no

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) (e) Means of injury U

23. Signature J C. Suggitt (M. D. or other) M.D
Address Columbia Date signed 11-9-46

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

81

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11/13/46

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

Lyman H. Sprinkle

Licensed Embalmer No. 4013

P. O. Address *Columbia, 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.