

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5625

State File No. ....

FILED MAR 10 1947 53  
Registration District No. ....

Primary Registration District No. 4383

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Graham  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: No  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No  
In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway  
(c) City or town Graham  
(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: .....

3. (a) PRINT FULL NAME

William Franklin Adkins

3. (b) If veteran, name war: No

3. (c) Social Security No. No

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Edna F Adkins 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased: March 23 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 11 5 hr. min.

9. Birthplace: Barnard Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation: Barber

11. Industry or business:

MOTHER FATHER { 12. Name Franklin Hart Adkins  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Perry  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant W. E. Adkins  
(b) Address Graham, Mo.

17. (a) Burial (b) Date thereof 3-3-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graham 2007

18. (a) Signature of funeral director: Campbell Funeral Home

(b) Address Manville, Mo.

19. (a) 3-1-47 (b) Beha Holt  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28th  
year 1947 hour 11 minute 35 P.M.

21. I hereby certify that I attended the deceased from February 19th, 1947, to February 28th, 1947;  
that I last saw him alive on February 28, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure

Due to Hypostatic Pneumonia 72 hrs.

Due to Metastatic Carcinoma of Prostate + Rectum ?

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

Major findings: Of operations: .....

Of autopsy: 462

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?

(Specify type of place) While at work? (c) Means of injury: 21

23. Signature: H. R. Pitcomb (M. D. or other) D.O.  
Address: Maitland, Mo. Date signed: 3-1-47

APR 18 1947

**DISTRICT HEALTH OFFICE**  
Cameron, Mo.

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**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.....

*William Campbell*

Licensed Embalmer No.....

*2620*

P. O. Address.....

*Manville 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.**