

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 18 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

28536

Registration District No.

Primary Registration District No.

Registrar's No.

49

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Rural Little Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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

Baby Adkins

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive 24 years (Day) (Year)
7. Birth date of deceased JULY (Month) 24 (Day) 1947 (Year)

8. AGE: Years Months Days If less than one day
1 hr. — min.

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

10. Usual occupation Baby

11. Industry or business

12. Name ROBERT EARL Adkins
13. Birthplace COOTER (City, town, or county) Mo. (State or foreign country)
14. Maiden name LORENE WALKER
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant Robert Adkins
(b) Address R#1, Caruthersville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation Little Prairie Cemetery

18. (a) Signature of funeral director La Forge Und. Co.
(b) Address 509 Ward, Caruthersville, Mo.

19. (a) 8/14/47 (Date received local registrar) (b) Fresia B. Wilkes (Registrar's signature) 11/7

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 9 mi. S.W. of Caruthersville (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 24 year 1947 hour — minute — M.

21. I hereby certify that I attended the deceased from July 24 to July 24, 1947.
that I last saw her alive on July 24, 1947, and that death occurred on the date and hour stated above.
Immediate cause of death Jaundice, Cholelithiasis
Duration —

Due to 7 months
Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations 159

Of autopsy —

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 —

23. Signature — (M. D. or other) —
Address Caruthersville Date signed 8/11/47

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

8-47-233

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.....

Nol C. Dean

Licensed Embalmer No.....

3941

P. O. Address.....

Courthensville, W

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.