

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 7 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33598

State File No.

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 156

1. PLACE OF DEATH:

(a) County Anderson
(b) City or town Mexico
(c) Name of hospital or institution 707 W. Jackson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 weeks (Specify whether
In this community 7 weeks years, months or days)

3. (a) PRINT FULL NAME ELIZA MARGARET 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 M
6. (b) Name of husband or wife John Richard Adkins 6. (c) Age of husband or wife if alive 79 1/2 years
7. Birth date of deceased Feb. 3, 1875 (Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 25 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Joshua Washington Scott
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Mary Catherine McBurnick
15. Birthplace OK (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie Baker
(b) Address Mexico Mo.

17. (a) Burial (b) Date thereof Nov. 2, 1947 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Anxvase

18. (a) Signature of funeral director Hughes Maupin

(b) Address Anxvase Mo.

19. (a) 10/29/47 (b) Blenche Neely (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Callaway
(c) City or town Anderson (If outside city or town limits, write "RURAL")
(d) Street No. R.R. 2 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28 year 1947 hour 11 minute 10 P.M.

21. I hereby certify that I attended the deceased from October 15, 1947 to Oct. 28, 1947
that I last saw h. ER alive on Oct. 28, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

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 2

23. Signature John A. Owen (M. D. or other) DO
Address Mexico Mo. Date signed 10-29-47

CANADA DEPARTMENT OF HEALTH

RECEIVED
District Health Officer No.
District File Number *47*
NOV - 6 1947
Date Filed

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 *Hughes Maupin*

Licensed Embalmer No. *2358*

P. O. Address *Anytown, 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: