

FILED NOV 7 1947

Registration District No. 21

Primary Registration District No. 5085

Registrar's No.

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Westpoint Twp.
(If outside city or town limits, write "RURAL" and name of township)
(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 all life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mildred Marie Adams

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Roy P. Adams 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased Feb 14 1920
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 8 16 hr. min.

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

10. Usual occupation House-wife

11. Industry or business

12. Name Wilson Hinkle
13. Birthplace Manhattan Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Rinda Hinkle
15. Birthplace Lake Co. Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Roy P. Adams
(b) Address Amsterdam Missouri
17. (a) Burial (b) Date thereof 11-1-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oakhill, Butler, Mo.

18. (a) Signature of funeral director Archer Mangold
(b) Address Amsterdam, Missouri

19. (a) 11-1-1947 (b) A. H. Mangold
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State BAKES Mo (b) County Bates
(c) City or town Westpoint Twp.
(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 Oct. day 30 year 1947 hour / minute / M.

21. I hereby certify that I attended the deceased from Oct. 30 1947 to Oct. 30 1947 that I last saw her dead on Oct. 30 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Struck by lightning

Due to /

Due to /

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations 192
Of autopsy 19

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Oct. 30-1947
(c) Where did injury occur? Bates Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? farm
While at work? yes (Specify type of place) (e) Means of injury lightning
23. Signature E. P. Robinson (M. D. or other) /
Address Adrian, Mo. Date signed 11-1-47

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.....

L. H. Mangold

Licensed Embalmer No..... 3610

P. O. Address..... Amsterdam 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.