. No. 2
-12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35005

State File No.

Registration District No. 187

Primary Registration District No. 4802

Registrar's No. ~~354~~ 140

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chula
(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 (Specify whether
In this community 28 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59

(c) City or town Chula 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mayme Adkins

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ross D Adkins

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased April (Month) 20 (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	6	3	hr. min.

9. Birthplace Lindley (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Dr. R. H. Cabell
13. Birthplace Keatsville (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Sally E Wright
15. Birthplace Alpha (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Ross D Adkins
(b) Address Chula Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation Edgewood-Chillicothe

18. (a) Signature of funeral director E. J. Robertson Funeral Home
(b) Address Chula Missouri

19. (a) 10-21-47 (Date received local registrar) (b) Frances B Neill (Registrar's signature) 171

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23
year 1947 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from Aug 15, 1947 to Oct 2, 1947
that I last saw her alive on Oct 1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	2 wks
Due to Hypertension, history 2 or 3 yrs	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

83A

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? (e) Means of injury 0

23. Signature [illegible] (M. D. or other)

Address Chillicothe Mo Date signed 10/24/47

(Licensed Embalmer's Statement on Reverse Side)

Russell - 1/23/47 - 5:20 Am.

DISTRICT HEALTH OFFICE
Cameron, Mo.

JAN 21 1947

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 John M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo 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.