

Filed FEB 3 1948  
Department of Vital Statistics

State File No. ....

245

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. ....

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 3329 1/2 East 31st. Street  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: 6 years  
(Specify whether years, months or days)  
 In this community 6 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson *48*  
 (c) City or town Kansas City *3*  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3329 1/2 East 31st. Street *8*  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No) *0*  
 If yes, name country.....

3. (a) PRINT FULL NAME Helen Anna Adkins  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. 500-22-4478

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month January day 18th.  
 year 1948 hour 1 minute 30 A. M.

4. Sex Female  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife William E. Adkins  
 6. (c) Age of husband or wife if alive 46 years  
 7. Birth date of deceased 4 24 1905  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 17, 1948 to Jan. 18, 1948  
 that I last saw her alive on January 18, 1948  
 and that death occurred on the date and hour stated above. *Duration*

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>8</u>	<u>24</u>	.....hr. ....min.

Immediate cause of death Cerebral hemorrhage  
 Due to arterial hypertension *18 yrs*  
 Due to chronic nephritis *18 yrs*

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

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

10. Usual occupation Box Maker

Major findings:  
 Of operations ✓  
 Of autopsy ✓ *1310*  
 PHYSICIAN  
 Underline the cause of which death should be charged statistically.

11. Industry or business Manor Bakery

12. Name Albert R. Polley

13. Birthplace Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Corabella D. Shepaft

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

16. (a) Informant Mr. William E. Adkins

(b) Address 3329 1/2 East 31st. Street

17. (a) Burial (b) Date thereof 1-20-1948  
(Funeral home) (Month) (Day) (Year)  
New Hampton, Mo. Foster Cemetery

(c) Place: burial or cremation.....

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City, Mo.

19. (a) 1-19-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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? ✓ (Specify type of place) *2*  
 Means of injury.....

23. Signature V. W. Harold (M. D. or other) *do*

Address 408 W. 11th St. Date signed 1-19-48

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

MOTHER FATHER

Lo 1207

V.W. Harnett  
Wirthman Bldg. 31st. & Brookst

11- R.M.

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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address 918 Brooklyn  
R. E., Md.

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.