

FILED MAR 4 1948

State File No.

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 463 E Ohio
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 463 E Ohio
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES G. ADCOCK

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Mo 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eva Cooper Adcock 6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased Oct 29, 1898
(Month) (Day) (Year)

8. AGE: Years 49 Months 3 Days 15 If less than one day hr. min.

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

10. Usual occupation Engineer

11. Industry or business State school

12. Name Andrew J. Adcock

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

14. Maiden name Nellie M. Long

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

16. (a) Informant Mrs. Chap Adcock

(b) Address Marshall Mo

17. (a) Burial (b) Date thereof 2-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carrollton Mo

18. (a) Signature of funeral director Stanley J. Gibson

(b) Address Carrollton Mo

19. (a) Feb-14-1948 (b) Sidney T. Gray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14
year 1948 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1946 to 2-14
that I last saw him alive on 2-13
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Lymphatic Leukemia

Due to unknown

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 J. R. Lawrence (M. D. or other)

Address Marshall, Mo Date signed 2-14-48

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3-3-48

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.....

Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address. Carrollton 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.