No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8187

Registration District No. 73 — Primary Registration District No. 3014 — Registrar's No. 24

1. PLACE OF DEATH:

(a) County: Clay
(b) City or town: Liberty (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 240 West Kansas St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Some (Specify whether
In this community: 20 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Clay 24
(c) City or town: Liberty (If outside city or town limits, write "RURAL") 2
(d) Street No.: 240 West Kansas (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country: None

3. (a) PRINT FULL NAME: Mary Alice Adkins
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: Widowed
6. (b) Name of husband or wife: James M Adkins
6. (c) Age of husband or wife if alive: Dead years
7. Birth date of deceased: July (Month) 23 (Day) 1860 (Year)

8. AGE: Years 87 Months 7 Days 10 If less than one day ... hr. ... min.

9. Birthplace: Platte City (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation: Housewife
11. Industry or business: None
FATHER
12. Name: Albert Endicotte
13. Birthplace: Platte Co. (City, town, or county) Mo. (State or foreign country) 0
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant: R. W. Adkins 1
(b) Address: 4907 Maryland St. Louis Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 3/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood R. C. Mo
18. (a) Signature of funeral director: Church-Archer Co
(b) Address: 111 North Water Liberty Mo
19. (a) March 5 1948 (Date received local registrar) (b) Minnie Hawkins (Registrar's signature) 1/11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd year 1948 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept, 1947 to March 3, 1948 that I last saw her alive on March 2, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: General arterio sclerosis	
Possible cerebral hemorrhage	6 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

83A

PHYSICIAN — Underline the cause of 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) 1
While at work? (e) Means of injury

23. Signature: Wm H Goodson (M. D. or other) MM
Address: Liberty Mo Date signed: 3/4/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number

Date Filed 3-18-48

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 Harold G. Smith, Registered Apprentice No. , working under my personal supervision.

Signed John Lanbary

Licensed Embalmer No. 4448

P. O. Address Liberty

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.