. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 5 1948
Registration District No. 136

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 13073

Registrar's No.

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town JOPLIN (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1730 Delaware (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) 48 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin (If outside city or town limits, write "RURAL") 2
(d) Street No. 1730 Delaware (If rural, give location) 5
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MINNIE 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 1 6
6. (b) Name of husband or wife FRANK 6. (c) Age of husband or wife if alive years
7. Birth date of deceased NOVEMBER 25, 1878 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
69	5	14	hr. min.

9. Birthplace Sarcoxie, Missouri (City, town, or county) (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Robert Stotts 9
13. Birthplace no record (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Martha Rutherford
15. Birthplace no record (City, town, or county) (State or foreign country) 9

16. (a) Informant Frank Adkins 1
(b) Address 1730 Delaware
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial
18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin Joplin, Mo
19. (a) 4-20-48 (Date received local registrar) (b) Dobbies Lampkin (Registrar's signature) 1 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th year 1948 hour 11:P.M. minute M.
21. I hereby certify that I attended the deceased from Aug 43, to April 8 1948
that I last saw her alive on apr 8 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hemiplegia	7 hrs.
Due to Hypertensive Heart disease	5 yrs? from History.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)
While at work? (e) Means of injury 0

23. Signature Ernest Mitchell (M. D. or other)
Address Joplin Mo. Date signed 4-10-48

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

48-4-357

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.