

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 1155
100

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI. b. COUNTY JACKSON 47				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 2 WRS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		3 8		
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL				d. STREET ADDRESS (If rural, give location) 3444 CAMPBELL STREET				
3. NAME OF DECEASED (Type or Print) a. (First) ELMER b. (Middle) E c. (Last) ADKINS			4. DATE OF DEATH (Month) (Day) (Year) 1-8-1949					
5. SEX () MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JUNE 20 1864		
9. AGE (In years last birthday) 84		10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) STREET RAILWAYS		10b. KIND OF BUSINESS OR INDUSTRY DES MOINES, IOWA		11. BIRTHPLACE (State or foreign country) CLARE COUNTY, IOWA		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME GREENE C. ADKINS		13b. MOTHER'S MAIDEN NAME CATHERINE SHIELDS		14. NAME OF HUSBAND-OR WIFE NORMAN ADKINS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MRS. ELIZABETH BURTON 3444 CAMPBELL KANSAS CITY, MO.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 354					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from June 7, 1947, to Jan 8, 1949, that I last saw the deceased alive on Jan 8, 1949, and that death occurred at 11:45 P.M., from the causes and on the date stated above.								
23a. SIGNATURE Harold A. Pallett (Degree or title) M.D.				23b. ADDRESS 1132 Prof. Blvd. N.C. Mo.		23c. DATE SIGNED 1/9/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE JAN. 9 1949		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) DES MOINES, IOWA		
DATE REC'D BY LOCAL REG. 1-9-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE O.K. Neuenhofer Sons		ADDRESS 1401 BRUSH CREEK Blvd KANSAS CITY, Mo.		

8013
10.000 a.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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Robert Ray

Signed.....

Student Embalmer

Licensed Embalmer No. *4182*

P. O. Address *Kansas City,*

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.