

Registration District No. 242

Primary Registration District No. 4362

Registrar's No. 8

1. PLACE OF DEATH:
(a) County: Monroe
(b) City or town: Monroe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or local No.)
(d) Length of stay: In hospital or institution. (Specify whether years, months or days) William Taylor Adkins

3. (a) PRINT FULL NAME: William Taylor Adkins
(b) If veteran, name war. (c) Social Security No.

4. Sex: M. Color: W. 5. Color: W. 6. (a) Single, widowed, married, divorced, Married
(b) Name of husband or wife: Alma (c) Age of husband or wife if alive: 76 years
7. Birth date of deceased: Sept 26, 59
(Month) (Day) (Year)

8. AGE: Years: 89 Months: 8 Days: 4 If less than one day hr. min.

9. Birthplace: Saline, Del
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

12. Name: John Adkins

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

14. Maiden name: Adkins

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

16. (a) Informant: M. J. Adkins

(b) Address: Monroe, La

17. (a) Date received local registrar: May 18, 49
(b) Date there: (Month) (Day) (Year)
(c) Place: burial or cremation: Monroe, La

18. (a) Signature of funeral director: W. L. Adkins

(b) Address: Monroe, La

19. (a) Date received local registrar: June 11, 49
(b) (Registral's signature) Thomas M. Sheeter

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Monroe
(c) City or town: Monroe
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (If yes, name country, No.)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1949 hour 11 minute 15 M.

21. I hereby certify that I attended the deceased from May 15 to May 16, 1949
that I last saw him alive on May 15 and that death occurred on the date and hour stated above.
Immediate cause of death: Heart Disease
Duration: 5

Due to: Heart Disease
Due to: Heart Disease

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

Major findings: Of operations: 170X

Of autopsy: 170X

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) Means of injury: Heart Disease

23. Signature: J. P. Drayton (M. D. or other)

Address: Monroe, La Date signed: May 17, 49

RECEIVED

District Health Office No. 2

District File Number 649-668

Date Filed 6-13-89

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

Raymond Grews

Licensed Embalmer No.

3467

P. O. Address

Si Keaton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.