

FILED FEB 16 1942 352

Primary Registration District No. 5493

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Henry Co

(b) City or town Montrose Mo RR
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Deerpark Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community all life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry Co

(c) City or town Montrose Mo
(If outside city or town limits, write "RURAL")

(d) Street No. RR
(If rural, give location)

(e) Citizen of foreign country?.....
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME CHARLES MALCOLM ADKINS

(b) If veteran, name war.....

(c) Social Security No. 111

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1942 hour 3 minutes 10 P. M.

21. I hereby certify that I attended the deceased from 5-1-1938 to Jan 26, 1942
that I last saw him/alive on Jan 25, 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife IDA B. ADKINS 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased AUG 13 1872
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion Duration 2 mo

8. AGE: Years 69 Months 5 Days 13 If less than one day hr. min.

Due to Arterio-sclerosis

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

10. Usual occupation FARMING

Due to.....

Other conditions (include pregnancy within 3 months of death).....

11. Industry or business.....

12. Name HENRY G ADKINS

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

14. Maiden name Zelpha Jane Collins

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

Major findings: Of operations 94a

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Henry Adkins

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof Jan 27 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bear Creek

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.....

18. (a) Signature of funeral director Consalus + Beck

(b) Address Clinton Mo

19. (a) Jan 27 1942
(Date received) (local registrar)

Georgia Steffen
(Registrar's Signature)

23. Signature W E Baggerly (M. D. or other) MD

Address Montrose Mo Date signed 1-27-42

RECEIVED

District Health Officer No. 7.

District File Number 2-42-358

Date Filed 2-10-42

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.....

Licensed Embalmer No. 1891

P. O. Address Clinton 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.