

FILED JUN 8 1944  
274

Registration District No. 274

Primary Registration District No. 3052

State File No. \_\_\_\_\_

Registrar's No. 176

1. PLACE OF DEATH: Pettis

(a) County \_\_\_\_\_

(b) City or town Sedalia, Harrison  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1306 South Harrison  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community lifetime in county  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
Missouri Pettis 80

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

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

(d) Street No. 1306 South Harrison  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John B. Adkins

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife \*\*\* 6. (c) Age of husband or wife if alive \*\*\* years

7. Birth date of deceased May 27, 1862  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>11</u>	<u>27</u>	hr. min.

9. Birthplace Sedalia, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer retired

11. Industry or business \_\_\_\_\_

12. Name John Adkins

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

14. Maiden name Frances Bohon

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

16. (a) Informant Mrs. Cora Mowery (niece)

(b) Address Route 1, Sedalia, Mo.

17. (a) Burial (b) Date thereof 5/28/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cemetery

18. (a) Signature of funeral director Pettis County Firing Funerals Home

(b) Address Sedalia, Mo.

19. (a) 5/27/44 (b) Mrs. Irma Berger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24  
year 1944 hour 8:30 minute \_\_\_\_\_ P. A. M.

21. I hereby certify that I attended the deceased from May 23  
1944, to May 24 1944,  
that I last saw him alive on May 23 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis and chronic interstitial nephritis Duration 3 yrs

Due to Senility

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 131a

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. I. Bishop (M. D. or other) \_\_\_\_\_

Address Sedalia Date signed 5-25-44

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 6-7-44

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 Dwaine Ewing

Licensed Embalmer No. 38478

P. O. Address Lebanon

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.