

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 198

## 1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Independence  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1010 N. Lynn 2  
 (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) 25 years 205

8. (a) PRINT FULL NAME Osa Jane Adkins8. (b) If veteran, name war No 8. (c) Social Security No. No

4. Sex Fe. 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife George Adkins 6. (c) Age of husband or wife if alive 83 years  
 7. Birth date of deceased Mar. 11, 1864  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 4 20 hr. min.9. Birthplace Carroll Co. Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business At Home12. Name John A. Arterburn13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)14. Maiden name Elizabeth Burkhardt15. Birthplace unknown Indiana  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature George Adkins(b) Address 1010 No. Lynn17. (a) Rural (b) Date thereof 8/4/40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mount Grove Cem.18. (a) Signature of funeral director Loyle C. Carson(b) Address Independence Mo.19. (a) Aug 3 40 (b) F. D. Cook  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Independence  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1010 N. Lynn  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1  
year 1940 hour 8 minute 05 P. M.21. I hereby certify that I attended the deceased from July 22, 1940 to Aug 1, 1940, that I last saw her alive on Aug 1, 1940, and that death occurred on the date and hour stated above.Immediate cause of death Acute myocardial infarction Duration 11 days

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

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

Other conditions (include pregnancy within 3 months of death)

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

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

## 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? 3600

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

23. Signature Thurmond Gutierrez (M. D. or other) MDAddress Independence Mo Date signed 8-4-40

*E. E. Kanner*

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**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 *Paul W. Lib*

Licensed Embalmer No. *2467*

P. O. Address *Independence 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, above space should be left blank.**