No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 26 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15487

Registration District No. 677 Primary Registration District No. 4403 Registrar's No. 67

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nelle Mist Orland Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution a few hrs (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 107
(a) State Missouri (b) County Texas
(c) City or town ~~Orrold~~ Salem "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Harold Sylvester Adkins
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race W
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 Feb (Month) 2 (Day) 1927 (Year)

8. AGE: Years 14 Months 2 Days 5 If less than one day hr. min.

9. Birthplace Arroll Texas Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business school
FATHER
12. Name William D Adkins
13. Birthplace (City, town, or county) Oklahoma (State or foreign country)
MOTHER
14. Maiden name Victoria Henderson
15. Birthplace Shannon Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Raymond Terrell
(b) Address Salem, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/ (Month) 8/ (Day) 41 (Year)
(c) Place: burial or cremation Rector Missouri
18. (a) Signature of funeral director Carl K. Spencer
(b) Address Salem, Mo.
19. (a) April 8, 1941 (Date received local registrar) (b) Jos. F. Ayers (Registrar's signature) 610

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th year 1941 hour 12:15 minute p.M.
21. I hereby certify that I attended the deceased from April 6th, 1:30 a.m., 1941, to April 6, 12:15 p.m., 1941 that I last saw him alive on April 6, 1941 and that death occurred on the date and hour stated above.
Immediate cause of death Lung punctured from the handle of an automobile door in the accident of an automobile hitting the patient on a bicycle.
Due to
Due to
Duration
Other conditions (Include pregnancy within 3 months of death)
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) Accident
(b) Date of occurrence April 6 1941
(c) Where did injury occur? Near Salem (City or town) Dent (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On highway 19 (Specify type of place)
While at work? (e) Means of injury Auto accident
23. Signature [signature] (M. D. or other) M.D.
Address Date signed 4/6/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 541/675
Date Filed

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.