

S. No. 2
OM-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17550

Registration District No. 12555

Primary Registration District No. 3011

Registrar's No. 61

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

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution: County Home for Aged
(If not in hospital or institution, write street number or location)

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

In this community Entire Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George D. Adkins

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1943 hour 70 minute 00 A.M.

21. I hereby certify that I attended the deceased from May 26th 1943 to May 29 1943
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Georgia Ann Manning alive _____ years
6. (c) Age of husband or wife if _____

7. Birth date of deceased Oct 26 1884
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) J3a

8. AGE: Years Months Days If less than one day

76 7 3 hr. min.

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

10. Usual occupation Retired

MOTHER FATHER

11. Industry or business _____

12. Name Geo D Adkins

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

14. Maiden name Victoria Callan

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

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant G D Adkins

(b) Address Wakenda Mo

17. (a) Burial (burial, cremation, or removal) (b) Date thereof 5-31-43
(Month) (Day) (Year)

(c) Place: burial or cremation Adkins Cem

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.S. Atwood (M. D. or Other) _____
Address Carrollton Mo Date signed 6/14/43

18. (a) Signature of funeral director Stanley

(b) Address Carrollton Mo

19. (a) 5-31-43 (Date received local registrar) (b) Miss James Rafferty (Registrar's signature)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-8-43

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, 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.