S. No. 2
M—2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22324

Registration District No. 17

Primary Registration District No. 3063

Registrar's No. 1550

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

1. PLACE OF DEATH:

(a) County Morris

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

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Two Month's (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison

(c) City or town Fredericktown 62
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Adkison Adkison - Robert

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 Married

6. (b) Name of husband or wife Dorothy Adkison

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased March (Month) 23 (Day) 1909 (Year)

8. AGE:

Years	Months	Days	If less than one day
34	3	10	hr. min.

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

10. Usual occupation Shoe factory worker

11. Industry or business

FATHER
12. Name Frances Adkison
13. Birthplace East Prairie (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Ann Allen
15. Birthplace Bardwell (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Dorothy Adkison

(b) Address Fredericktown Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/7/43 (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.,

19. (a) JUL 7 1943 (Date received local registrar) (b) C. G. McLaren, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7-3 day 1943 year hour 10 minute 25 A.M.

21. I hereby certify that I attended the deceased from 7-1-43, 19, to 7-3-43, 19; that I last saw him alive on 7-3-43 10 AM 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Blastomycosis	5 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 43:1
Of autopsy Blastomycosis

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John Niederurmer (M. D. or other) MD

Address St. Louis County Hosp. Clayton Mo. Date signed 7-3-43

(Licensed Embalmer's Statement on Reverse Side)

AUG 6 1943

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 Albert G. Hopper

Licensed Embalmer No. 2971

P. O. Address.....

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.