

22568

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

JUN 8 1943

Registration District No. 225

Primary Registration District No. 6097

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Schuyler
 (b) City or town Schuyler
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: _____ (Specify whether
 In this community _____ years, months or days)

3. (a) PRINT FULL NAME

3. (b) If veteran,
name war: _____3. (c) Social Security
No. _____

4. Sex male 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 July 11, 1882
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 9 23 hr. _____ min.

9. Birthplace Schuyler, Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Farmer11. Industry or business same

MOTHER FATHER
 12. Name Mariane Rogers
 13. Birthplace Schuyler, Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Malissa Snyder
 15. Birthplace Schuyler, Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Herbert Anna Rogers
 (b) Address Lancaster, Mo.
 17. (a) Burial (b) Date thereof May 6, 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Palms

18. (a) Signature of funeral director Lloyd Moore
 (b) Address Womble, Mo.
 19. (a) May 6, 1943 (b) At. Justice
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Schuyler
 (c) City or town Lancaster, Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
 year 1943 hour One minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death injury, old Duration
Verdict of Jury
Cadaver's unknown

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?

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

23. Signature Gray G. Johnson (Physician or other) J.P.
 Address Lancaster, Mo. Date signed 5/6/43

1278 (Licensed Embalmer's Statement on Reverse Side)

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

78
00
00

RECEIVED

District Health Officer No. 10

District File Number 6-43-980

Date Filed JUN 7 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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Lloyd Moore

Licensed Embalmer No. 3154

P. O. Address Douglas 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.

DR. A. A. JUSTICE
87 - PHONES - 131
LANCASTER, MD.

James Stewart, M.D.,
Jefferson City, Mo.

Dear Doctor Stewart:

Referring to the enclosed, we have an unusual series of circumstances surrounding Dr. W. T. Corrother was ill in bed at the time a J.P., Amos Adkins, acted in that capacity. Nine days later, Mr. Adkins died suddenly, aeuria pectoris, the deputy sheriff was shot by a car thief the following night. I have been unable to get a signed statement, or the testimony of Dr. W. J. Droke at inquest so as to me to furnish not only probable cause but likely cause. If you care for me to secure certified copy of that or any other part of inquest proceedings please advise me and I will attend to same.

Yours very truly,
A. A. Justice
Registrar, DeKalb Co.

