

FILED NOV 19 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4529

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Sugar Creek, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: K. C. TB Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 m 10 d.  
(Specify whether  
In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Sugar Creek  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1300 to High  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country no

3. (a) PRINT FULL NAME

Adriuth Adkins

3. (b) If veteran, name war none

3. (c) Social Security No. no

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, 2 divorced, widowed  
(b) Name of husband or wife Ed Adkins 6. (c) Age of husband or wife if alive 29 years (Month) (Day) (Year)  
7. Birth date of deceased 2 29 19 14  
(Month) (Day) (Year)

8. AGE: Years 29 Months 7 Days 25 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business at home

MOTHER FATHER  
12. Name Wm Stanley  
13. Birthplace Bowling Green Ky.  
(City, town, or county) (State or foreign country)  
14. Maiden name Lusan Hart  
15. Birthplace Unknown Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Records K.C. TB

(b) Address Leeds Mo.

17. (a) Burial (b) Date thereof 10/25/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Grove, Mo

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence Mo.

19. (a) 10-26-43 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23  
year 1943 hour 5:40 minute A M.

21. I hereby certify that I attended the deceased from 5-13-43  
....., 19..... to 10-23....., 19.....  
that I last saw him alive on 10-23....., 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 10 m

Due to.....  
Due to..... 13 1/2

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).....  
(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) (b) Means of injury.....  
23. Signature Matthewd Noon (M. D. or other)  
Address Leeds Mo Date signed 10/23/43

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

48  
803

**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

*Floyd C. Carson*

Licensed Embalmer No.

*4199*

P. O. Address

*Independence*

**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.**