S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36593

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4634

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2453 Washington (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — 1 (Specify whether)
In this community 13 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 2453 Washington (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM HOBART ADKINS

3. (b) If veteran, name war no
3. (c) Social Security No. 495-03-8514

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Agusta
6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased Oct (Month) 3 (Day) 1899 (Year)

8. AGE: Years 45 Months 1 Days 13 If less than one day hr. min.

9. Birthplace Elliot Co. (City, town, or county) Ky. 1 (State or foreign country)
10. Usual occupation Insurance Salesman
11. Industry or business Selling Ins.

FATHER
12. Name John Milton Adkins
13. Birthplace Elliot Co. (City, town, or county) Ky. 1 (State or foreign country)

MOTHER
14. Maiden name Cynthia Isong
15. Birthplace Augusta (City, town, or county) Ga. 1 (State or foreign country)

16. (a) Informant Mrs Agusta Adkins
(b) Address 2453 Washington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 18 44 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn
18. (a) Signature of funeral director Bentley Mortuary
(b) Address 5811 Troost
19. (a) 11-18-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 16 day year 1944 hour 9:45 minute M.
21. I hereby certify that I attended the deceased from June 1944, 19 Nov 16 1944 that I last saw him alive on Nov 16 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration 10 Mo
Due to Heart disease (arteriosclerosis) ?
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations none 93 d
Of autopsy no

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 M B Casebolt M.D. (Name of other)
Address 4000 Baltimore Date signed 11/16/44

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.