S. No. 2.
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1947

Registration District No. 70

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8445

Primary Registration District No. 5367

Registrar's No. 30

1. PLACE OF DEATH:

(a) County: Daviess

(b) City or town: "Rural" Monroe Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7 Miles South Gallatin, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community: Most of Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Daviess

(c) City or town: "Rural" Monroe Township
(If outside city or town limits, write "RURAL")

(d) Street No.: 7 Miles South Gallatin, Mo.
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: John Shannon Adkison

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: Widowed

6. (b) Name of husband or wife: Emma Frances Adkison

6. (c) Age of husband or wife if alive: Dec'd years

7. Birth date of deceased: June (Month) 6 (Day) 1868 (Year)

8. AGE: Years 78 Months 8 Days 22 If less than one day hr. min.

9. Birthplace: Madison County (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: General Farming

FATHER
12. Name: Thomas Adkison
13. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name: Belle Broadus
15. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant: Ralph Adkison
(b) Address: Gallatin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-2-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Brown Cemetery

18. (a) Signature of funeral director: Hope Funeral Home
(b) Address: Gallatin, Missouri

19. (a) 3-13-47 (Date received local registrar) (b) Virginia M. Engelbach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby. day 28 year 1947 hour 5 minute 40 P M.

21. I hereby certify that I attended the deceased from 12 July 1946 to 28 Feb 1947 that I last saw him alive on 28 Feb 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Decompensation	10 hr
Due to: Chr Hypertensive Cardio vascular disease	Unknown
Due to:	Unknown
Other conditions (Include pregnancy within 3 months of death): Calcified Aortic Stenosis	

Major findings:
Of operations:
Of autopsy: 93D

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: [illegible] (M. D. or [illegible])
Address: Gallatin Mo Date signed 3 Mar 47

(Licensed Embalmer's Statement on Reverse Side)

OCT 14 1948

JUN 10 1947

APR 27 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 L. O. Nicholson

Licensed Embalmer No. 3307

P. O. Address Gallatin, 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.