. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 18 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26947

Registration District No. 46 Primary Registration District No. 5151 Registrar's No.

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Caldwell
(c) City or town Kidder "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. 4 miles South of Kidder
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Marvin Ross Adkison
3. (b) If veteran, name war XXX
3. (c) Social Security No. XXX
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife XXXXX
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 2 (Day) 1947 (Year)

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

9. Birthplace Kidder Twp. Caldwell Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation XXXX
11. Industry or business XXXX

FATHER
12. Name Kenneth Adkison
13. Birthplace Kingston Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jean Dale Jewell
15. Birthplace Kidder Mo (City, town, or county) (State or foreign country)

16. (a) Informant Kenneth Adkison
(b) Address Kidder Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 2, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cem. Hamilton, Mo.
18. (a) Signature of funeral director Bram Funeral Home
(b) Address Hamilton, Mo.
19. (a) Aug 11/47 (Date received local registrar) (b) Gladys Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 2 year 47 hour 1 minute 30 P. M.
21. I hereby certify that I attended the deceased from 11:00 AM 8-2- 1947 to 1:30 PM 8-2 1947 that I last saw him alive on 8-2- 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature birth	
Due to ?	
Due to ?	
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? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature C. E. Bloom (M. D. or other) DO
Address Cameron, Mo. Date signed 8-2-47

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....Not Embalmed....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....R. J. A. Bram.....

Licensed Embalmer No...3052.....

P. O. Address Hamilton, 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.