

FILED SEP 14 1947

State File No.

Registration District No. 27

Primary Registration District No. 4083

Registrar's No. 11

1. PLACE OF DEATH:

(a) County. CARRROLL
(b) City or town. DE WITT
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. CARRROLL
(c) City or town. DE WITT
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

In this community.....
years, months or days)

3. (a) PRINT FULL NAME SARAH M. ADKINS

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

4. Sex. FEMALE 5. Color or race. WHITE 6. (a) Single, widowed, married, divorced. MARRIED
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years (Day) (Year)

7. Birth date of deceased. MAY 29 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 2 14 hr. min.

9. Birthplace. DE WITT MO. U
(City, town, or county) (State or foreign country)

10. Usual occupation. AT HOME

11. Industry or business. HOUSEWORK

12. Name. W. M. JEFFERSON BRYANT

13. Birthplace. KENTUCKY
(City, town, or county) (State or foreign country)

14. Maiden name. MARTHA J. JONES

15. Birthplace. DONT KNOW
(City, town, or county) (State or foreign country)

16. (a) Informant. MRS. JOHN SMITH

(b) Address. DE WITT MO

17. (a) BURIAL (b) Date thereof. 8-14-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. DE WITT MO

18. (a) Signature of Informant. [Signature]

(b) Address. BRUNSWICK MO

19. (a) Aug 14, 1947 (b) Pearl Koch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Aug day. 12 year. 1947 hour. 8 minute. 30 P.M.

21. I hereby certify that I attended the deceased from. Aug 12-1947 to. Aug 17 19. 47 that I last saw him alive on. Aug 12 19. 47 and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary Insufficiency Duration 24 hrs

Due to. Valvular heart disease 5 to 6 yrs

Due to. Cause unknown 2 yrs

Other conditions. Arteriosclerosis 2 to 3 yrs
(Include pregnancy within 3 months of death) Senile debility

Major findings: None PHYSICIAN

Of operations. None
Of autopsy. None Underline the cause of 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 Grover Rice (M. D. or other).....
Address Brunswick MO Date signed 8-13-47

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9-10-47

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. M. Weiss

Licensed Embalmer No.

823

P. O. Address

Brunswick 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.