No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13728 ~~13828~~

Registration District No. 299 Primary Registration District No. 6028 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Reynolds

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

(c) Name of hospital or institution: 1 mile east of Lesterville
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds

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

(d) Street No. 1 mile east of Lesterville
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Maria Elizabeth Adkins

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex fem

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife James M. Adkins

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased April (Month) 8th. (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	11	4	..... hr. ..... min.

9. Birthplace Reynolds County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation retired

11. Industry or business

FATHER
12. Name Nelson Barton
13. Birthplace Reynolds County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Nancy Barnes
15. Birthplace Reynolds County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant John W. Adkins
(b) Address 1408 Barger Pl. Richmond Heights

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Centerville Mo.

18. (a) Signature of funeral director White Funeral Home
(b) Address Ironton Missouri

19. (a) 3/18/48 (Date received local registrar) (b) C. M. Fitzpatrick (Registrar's signature) 275

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1948 hour 11 00 minute P. M.

21. I hereby certify that I attended the deceased from was unattended to ..... 19..... that I last saw her alive on about 2/28/ 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral insufficiency	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

92 B

PHYSICIAN

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 C. M. Fitzpatrick (M. D. or other) M.D.

Address Lesterville Date signed 3/18/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 44825-1
Date Filed 4-13-48

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.