

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

22818
Do not use this space.

1. PLACE OF DEATH
 (a) County Newton Registration District No. 612
 (b) Township Van Buren Primary Registration District No. 3814
 (c) City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.
 2. PRINT FULL NAME Mary Jane Adams
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sidney Adams</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 24 1861</u>				
7. AGE	YEARS <u>77</u>	MONTHS <u>8</u>	DAYS <u>27</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>House Wife</u>			
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Newton Co</u>				
FATHER	13. NAME <u>James Barbee</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Newton Co</u>			
MOTHER	15. MAIDEN NAME <u>Elizabeth Garner</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Newton Co</u>			
17. INFORMANT <u>Mrs. Jim Nimmo</u> (ADDRESS) <u>Richey Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Humphrey</u> DATE <u>6/22</u> 19 <u>39</u>				
19. FUNERAL DIRECTOR <u>V. O. Niemeyer</u> (ADDRESS) <u>Pierson City Mo</u>				
20. FILED <u>6-22-39</u> <u>Grace Humphrey</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>June 21</u> 19 <u>39</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>May 24, 1935</u> , to <u>June 21</u> , 19 <u>39</u> I last saw <u>her</u> alive on <u>May 24</u> , 19 <u>38</u> . Death is said to have occurred on the date stated above, at <u>11 a. m.</u> The principal cause of death and related causes of importance were as follows: <u>Chs. Cardiovascular</u> <u>g. 2 W</u> Other contributory causes of importance: <u>Essie Dunning</u> <u>1922</u>	
Name of operation _____ Date of _____	Date of onset <u>1922</u>
What test confirmed diagnosis? <u>Alcohol</u> Was there an autopsy? <u>Yes</u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury _____ Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>W. W. Wright</u> , M. D. (Address) <u>Pierson City, Mo</u>	

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 11 1939

RECEIVED

District Health Officer No. 6,

District Number 739-1375

Date Filed JUL 7 1939

STATEMENT BY LICENSED EMBALMER

I, Victor O. Heineman, Licensed Embalmer No. 3822
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Victor O. Heineman
Licensed Embalmer No. 3822

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.)