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.

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

REC'D AUG 11 1939

23787
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St Louis
Registration District No. 791
Primary Registration District No. 1003
Registered No. 6060
(d) Street No. St. Louis Children's Hospital 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 yrs. / mos. 11 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jo Carolyn Adair 360
(a) Residence, No. 2514 Kellett, Springfield, Mo. St. N.R. Springfield, Missouri
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8, 1938
7. AGE YEARS 0 MONTHS 7 DAYS 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Springfield, Mo 0

FATHER
13. NAME Wilbur Adair 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

MOTHER
15. MAIDEN NAME Wilma Paulding
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Kenna 550 S. Kings highway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Summersville Mo DATE 7-9 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Duncan Funeral Home Mountain View Mo

20. FILED JUL 10 1939 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1939, to July 8, 1939
I last saw her alive on July 8, 1939 Death is said to have occurred on the date stated above, at 12 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Respiratory Obstruction~~	
Laryngo-Tracheal	~~pi~~
Bronchitis	5-14-39
Non diphtheritic	

Other contributory causes of importance:
Broncho pneumonia.

Name of operation 107a Date of
What test confirmed diagnosis? Was there an autopsy? yes.

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? No
If so, specify
(Signed) R. J. Blattner, M. D.
(Address) 500 S. Kings highway

(Licensed Embalmer's Statement on Reverse Side)

6060

6060

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 Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address Athens M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.