

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 44030

Registration District No. 8 405 51

Primary Registration District No. 5744

Registrar's No. 5

1. PLACE OF DEATH: Bentow  
(a) County Marion  
(b) City or town Ewing Rural  
(c) Name of hospital or institution: 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

8. (a) PRINT FULL NAME Joseph Adams  
8. (b) If veteran name war \_\_\_\_\_ 8. (c) Social Security No. no.

4. Sex M 5. Color of race W 6. (a) Single, widowed, married, divorced divorced  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased February 14 1849  
(Month) (Day) (Year)

8. AGE: Years 90 Months 90 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Bentow Marion Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_  
12. Name Thomas Adams  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth High Wilson  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sarah L Williams  
(b) Address Ewing Mo

17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New Prov. Cem.

18. (a) Signature of funeral director Thomas Ball  
(b) Address Ewing Missouri 4011

19. (a) Dec. 5 39 (b) J. M. Crebs  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1  
(a) State Missouri (b) County Marion  
(c) City or town Ewing (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4<sup>th</sup>  
year 1939 hour 2 minute 40 P. M.  
21. I hereby certify that I attended the deceased from Nov. 2  
1939, to Dec 4, 1939;  
that I last saw him alive on Nov. 30, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral stenosis Duration \_\_\_\_\_

Due to Senility unknown

Due to Nephritis yes

Other conditions 101  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(2) Means of injury \_\_\_\_\_

23. Signature Dr. C. G. Shiver (M. D. or other) Dr  
Address P. H. Hades Date signed 12/5/39

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

V. B. NO. 2  
60M. 5-17-39  
Rev. 5-17-39  
I X19511

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**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 Thomas Ball.....

Licensed Embalmer No. 1744.....

P. O. Address Evans, 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, above space should be left blank.**