

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11049
Registrar's No. _____

Registration District No. 328

Primary Registration District No. 3017

40
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WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town TRENTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
406 West 22nd St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 years (Specify whether)
years, months or days 30

3. (a) PRINT FULL NAME MARY NAOMI ADAMS

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

4. Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 26, 1868
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 20 If less than one day hr. _____ min. _____

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

10. Usual occupation Housekeeper

11. Industry or business Home

12. Name Thermin Critter

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

14. Maiden name Amelia Edmunds

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

16. (a) Informant Hattie Adams

(b) Address 410 W. 22nd St. Trenton

17. (a) Burial (b) Date thereof Feb. 19, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1000 E. Elm St. Mo.

18. (a) Signature of funeral director Raymond U. Jones
(b) Address Trenton, Mo. 300

19. (a) 2-17-40 (b) J. Reed Fair
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy
(c) City or town TRENTON
(If outside city or town limits, write "RURAL")
(d) Street No. 406 West 22nd St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16th
year 1940 hour 7:06 minute P M.

21. I hereby certify that I attended the deceased from Oct. 24, 1939 to Feb 16, 1940
that I last saw her alive on Feb 16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Organic Heart Disease (mitral insufficiency)

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations none
Of autopsy none

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) (e) Means of injury _____
23. Signature B. H. Hullett M.D. (M. D. or other)
Address Trenton Mo. Date signed 2-17-40

Duration new year
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 11,
District File Number 440-265
Date Filed APR 13 1940

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 _____

Richard B. Davis
working under my personal supervision.

Registered Apprentice No. 212

Signed

Raymond A. Davis
Licensed Embalmer No. 3424

P. O. Address Fulton, N.Y.

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.