

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11851

State File No.

FILED APR 23 1940

Registration District No. 411

Primary Registration District No. ~~5572~~ 4365

Registrar's No.

1. PLACE OF DEATH:

(a) County Newton(b) City or town Seneca

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community all his life
years, months or days _____3. (a) PRINT FULL NAME ELAINE DELORIS ADAMS3. (b) If veteran, name war 3. (c) Social Security No. 2574. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced

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

7. Birth date of deceased Nov. 9, 1936
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
3 4 17 _____ hr. _____ min.9. Birthplace Newton Mo. U
(City, town, or county) (State or foreign country)10. Usual occupation at home

11. Industry or business _____

12. Name Ernest Adams13. Birthplace Barry Mo U
(City, town, or county) (State or foreign country)14. Maiden name Anna Ritter15. Birthplace Edmonton Canada
(City, town, or county) (State or foreign country)16. (a) Informant Ernest Adams(b) Address Neosho Mo. R. 417. (a) New Salem (b) Date thereof 3-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director W. C. Barnard(b) Address Seneca Mo.19. (a) Mar 29, 40 (b) Merle Spaulding
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton(c) City or town Neosho Mo. R. 4
(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 March day 26
year 1940 hour 7 minute 40 P.M.21. I hereby certify that I attended the deceased from 3-26, 1940, to 3-26, 1940;
that I last saw her alive on 3-26, 1940,
and that death occurred on the date and hour stated above.Immediate cause of death Poison Duration _____Due to Medicine

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings W. C. Barnard M.D. PHYSICIAN
Of operations _____Of autopsy 1
1

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)
(e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

RECEIVED

District Health Officer No. 6,

District File Number 4410-961

Date Filed APR 5 1940

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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 B. W. Buzzard

Licensed Embalmer No. 2334

P. O. Address Seneca, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11857

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 611

Primary Registration District No. 4365

Registrar's No. _____

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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.

3. (a) PRINT FULL NAME

Elaine Deloris Adams

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

4. Sex _____ 5. Color or race _____ 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year
7. Birth date of deceased _____ (Month) (Day) (Year)

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

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 24
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Poison

Due to medicine

Due to Ate some medicine

Tablets - resembled
Other conditions strychnine poisoning
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

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) accid

(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 W.C. Burrell (M. D. or other) _____

Address Geneva _____ Date signed _____

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

SUPPLEMENTAL

11851 (1940)