

Registration District No. \_\_\_\_\_

Primary Registration District No. 4403

Registrar's No. 35

I. PLACE OF DEATH

(a) County Shelby  
(b) City or town Roscoe  
(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 2  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days 550

9. (a) PRINT FULL NAME Berulah Jeanne Adams

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

4. Sex F 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 Oct. 29 1939  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 4 17 hr. min.

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

10. Usual occupation labied

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Frank Adams  
13. Birthplace Roscoe (City, town, or county) Mo (State or foreign country)  
14. Maiden name Opal Self  
15. Birthplace Bedouin (City, town, or county) Wash (State or foreign country)

16. (a) Informant Frank Adams

(b) Address Roscoe Mo

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

(c) Place: burial or cremation Roscoe Tenn.

18. (a) Signature of funeral director W. E. Eason

(b) Address Roscoe Mo

19. (a) 3-17-40 (b) Joe F. Myers  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby  
(c) City or town Roscoe  
(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 Mar day 16  
year 1940 hour 10 minute 05 A. M.

21. I hereby certify that I attended the deceased from Mar 10  
10, 1940 to Mar 16, 1940  
that I last saw her alive on Mar 15, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Edema of L. L. L.

Due to acute toxicolitis + pharyngitis

Due to \_\_\_\_\_

Other conditions 11/20  
(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) (c) Means of injury

23. Signature E. E. F. and W. D. (D. or other) 1

Address Roscoe Mo Date signed 3-22-40

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

31  
2  
1

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.....

RECEIVED

....., Registered Apprentice No.....

District Health Officer No. 5,  
working under my personal supervision.

District File Number 440 406

Date Filed 4/11/50

Signed [Signature]

Licensed Embalmer No 3397

P. O. Address Reeseville

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.