

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

19315

Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 736
(b) Township Clark Primary Registration District No. 4435
(c) City Clark (d) Street No. _____

Registered No. 9

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 352 Stella F. Adams St. Clark - Mo.
(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 <u>Fem.</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>L. J. Adams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 8 - 1876</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>6</u>
	DAYS <u>2</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Housewife</u>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) <u>Waller, Texas</u> (STATE OR COUNTRY)		
FATHER	13. NAME <u>Jno. T. Crews</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Sarah Cordelia Nance</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Waller Texas</u> (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS) <u>Jno. Quincy Adams Clark Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chapel Grove</u> DATE <u>May 12</u> <u>1940</u>		
19. FUNERAL DIRECTOR (NAME) <u>HACKNEY</u> (ADDRESS) <u>924 N. 6th St - Waterloo Mo.</u>		
20. FILED <u>May 17</u> <u>1940</u> <u>ST. Louis</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from home, 1940, to May 10, 1940

I last saw him alive on 5-10, 1940 Death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:
Angina pectoris

Other contributory causes of importance: 94 N

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? Yes
If so, specify Rawson f, M. D.
(Address) Clark Mo.

RECEIVED

District Health Officer No. 10

District File Number 6-40-1129

Date Filed JUN 7 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Paul T. Hackney

Licensed Embalmer No. 3598

P. O. Address *Moberly, Missouri*

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.