

DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS
JAN 23 1941MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44039

Registration District No. 821

Primary Registration District No. 6070

Registrar's No.

1. PLACE OF DEATH:

- (a) County Scott
(b) City or town Sikeston, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Marshall
(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 2

3. (a) PRINT FULL NAME Infant of Mr. & Mrs. Wm. Adams3. (b) If veteran,
name war _____3. (c) Social Security
No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married,
divorced Infant
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased December 26, 1940
(Month) (Day) (Year)

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

9. Birthplace R.#1, Box 26, Sikeston, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

- MOTHER FATHER { 12. Name William Adams
13. Birthplace Pocahontas, Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Verna Butler
15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant William Adams
(b) Address R.#1, Box 26, Sikeston, Mo.

17. (a) Burial (b) Date thereof 12/27/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Carpenter Cem. McMullin, Mo.

18. (a) Signature of funeral director W. H. Adams
(b) Address Sikeston, Mo.

19. (a) 1-8-1941 (b) W. H. Adams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Scott
(c) City or town R.#1, Box 26, Sikeston,
(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 27
year 1940 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from December 26th, 1940, to December 27th, 1940;
that I last saw him alive on December 26th, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death

Pneumonia

Due to

Pneumonia (Severe)
72 hours

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

18
hours

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 P. D. Martin (M. D. or other) 1
Address Sikeston, Mo. Date signed 12-27-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 2,

District File Number 141-75

Date Filed 1/13/41

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 _____

Body not Embalmed, Registered Apprentice No. _____
working under my personal supervision.

Signed

Licensed Embalmer No. 3704

P. O. Address Seaton, 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, fact should be so stated above.