

No. 2  
4-13-40  
5-17-39  
P-1 X2315

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

ky 70-6-10-1514  
State File No. \_\_\_\_\_  
Registrar's No. 28

Registration District No. 1 Primary Registration District No. 1

1. PLACE OF DEATH: Adair  
(a) County Adair  
(b) City or town Kirksville Mo.  
(c) Name of hospital or institution Nurses Home  
(d) Length of stay: In hospital or institution 48 Hrs  
In this community All her Life

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Adair  
(c) City or town Kirksville Rural  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Amanda Melvina Adams  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 25  
year 1941 hour 10 minute 45 P.M.

4. Sex Female 5. Color W  
6. (a) Single, widowed, married, divorced / M arr'd  
6. (b) Name of husband or wife Dave A Adams  
6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased 3 15 1874

21. I hereby certify that I attended the deceased from Jan 24-25 1941 to Jan 25 1941  
that I last saw her alive on Jan 25 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 66 Months 10 Days 10  
If less than one day hr. min.

Immediate cause of death Cerebral Hemorrhage (Internal Capsule)  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Adair Co  
10. Usual occupation House wife

Other conditions Carbuncle (post. Cervical)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name George M Horton  
13. Birthplace Adair Mo  
14. Maiden name Mary Coghill  
15. Birthplace \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Esten Adams  
(b) Address Trenton, Mo  
17. (a) \_\_\_\_\_ (b) Date thereof 1-27-1941  
(c) Place: burial or cremation Refuge Cemetary

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_  
19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

3 While at work? \_\_\_\_\_  
23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 1/25/41

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

133

RECEIVED

District Health Officer No. 10

District File Number 2-41-393

Date Filed FEB 19 1941

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

*D. E. Riley*

Licensed Embalmer No. 41-81

P. O. Address Hicksville

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.