DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2214

X23159

Registration District No. 175 Primary Registration District No. 5243 Registrar's No. 2

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

1. PLACE OF DEATH:
(a) County CHARITON
(b) City or town SALISBURY TR-2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CHARITON
(c) City or town SALISBURY R-2
(If outside city or town limits, write "RURAL")
(d) Street No. Salisbury — R.F.D. #2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 74 years.

3. (a) PRINT FULL NAME SUSIE Mc ADAMS

3. (b) If veteran, name war

3. (c) Social Security No. NO

4. Sex F

5. Color or race WH

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife TOM

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

7. Birth date of deceased JULY (Month) 15 (Day) 1866 (Year)

8. AGE: Years 74 Months 6 Days 4 If less than one day hr. min.

9. Birthplace HOWARD Co. Mo. (City, town, or county) (State or foreign country) O

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name WM KEEN
13. Birthplace VA. (City, town, or county) (State or foreign country) 1
14. Maiden name HESTER ROBBINS
15. Birthplace VA. (City, town, or county) (State or foreign country) 1

16. (a) Informant E. H. Mc ADAMS
(b) Address SALISBURY Mo R-2

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 20-1941 (Month) (Day) (Year)
(c) Place: burial or cremation PRAIRIE HILL CEM.

18. (a) Signature of funeral director PAUL T. HACKNEY
(b) Address MORERLY Mo.

19. (a) 1-20-41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 19 year 1941 hour 10 — minute A M.

21. I hereby certify that I attended the deceased from Oct 28 1940 to Jan 8 1941; that I last saw h. alive on Jan 8 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Malum

Due to Fracture of right hip

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1956
Of autopsy 99
1.1

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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature M. C. Alexander (M. D. or other) D
Address Clifton Hill Mo Date signed Jan 23-41

(Licensed Embalmer's Statement on Reverse Side)

145 99

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 2-6-41

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.....

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

working under my personal supervision.

Signed Paul T. Hackney

Licensed Embalmer No. B598

P. O. Address Moberly Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.