

MAR 19 1941 32

Primary Registration District No. 4437

7926

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Higbee Mo
(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 62yrs. 6 mo. 20da. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sallie Adams

8. (b) If veteran, name war / 8. (c) Social Security No. /

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased July 8 1878
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 20 If less than one day hr. / min. /

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

10. Usual occupation House Work

11. Industry or business /

MOTHER FATHER { 12. Name William Adams
13. Birthplace Randolph Co Mo. (City, town, or county) (State or foreign country)
14. Maiden name Joella Blackford
15. Birthplace Randolph Co Mo (City, town, or county) (State or foreign country)

16. Informant Blackford Adams
(b) Address R. F. D. Moberly Mo

17. (a) Burial (b) Date thereof Mar 2 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Joe W Burton

(b) Address Higbee Mo

19. (a) 3/11-41 (b) J. H. H. H.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Higbee Mo (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 March day 28
year 1941 hour 11 minute 10 am.

21. I hereby certify that I attended the deceased from Feb 24 1941, to Feb 28 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 4/27

Due to /
Due to /

Other conditions endocarditis (Include pregnancy within 3 months of death)

Major findings: Of operations no Of autopsy no
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) (e) Means of injury /
23. Signature J. H. H. H. (M. D. or other) MD
Address Higbee Mo Date signed 3/11-41

RECEIVED

District Health Officer No. 10

District File Number 3-41-619

Date Filed MAR 14 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

Licensed Embalmer No. 4101

P. O. Address Highway, 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, above space should be left blank.