

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED MAY 21 1941

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

15271

Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 55
(b) Township London Primary Registration District No. 4033
(c) City Gideon (d) Street No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Gideon, Mo. St. 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-6-41

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2

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.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gideon, Mo.

13. NAME Elvis Adams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Campbell, Mo.

15. MAIDEN NAME Verlie Katherine Shuttles

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?, Del.

17. INFORMANT (ADDRESS) Elvis Adams
Gideon, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mount Gilead DATE 4-9-41

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Paul B. Montemeyor
Gideon, Mo.

20. FILED May 8, 19 41 Jenna Macom
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8-41

22. I HEREBY CERTIFY, That I attended deceased from 4-6-41, 1941, to 4-8-41, 1941.

I last saw him alive on 4-8-41, 1941. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

acute hemorrhage
from novel.

Other contributory causes of importance: 161C

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
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?

If so, specify (Signed) J. J. Hopkins M. D.
Gideon, Mo. (Address)

RECEIVED

District Health Officer No. 2,

District File Number 541-674

Date Filed 5/20/41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.