

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15616**

Registration District No. **735**

Primary Registration District No. **3034**

Registrar's No. **85**

1. PLACE OF DEATH:

(a) County **Randolph**
(b) City or town **Moberly**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Wabash Hospital**
(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. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Montgomery**
(c) City or town **Jonesburg**
(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.? **1** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **apl** day **10th**
year **1941** hour **11** minute **50 P. M.**

21. I hereby certify that I attended the deceased from **April 8**, 19**41**, to **April 10**, 19**41**;
that I last saw him alive on **April 10**, 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death: **Generalized Peritonitis**
Due to **Perforated Peptic Ulcer**

Other conditions: **117 W**
(Include pregnancy within 3 months of death)

Major findings: **Perforated Duodenal Ulcer**
Of operations: **None**
Of autopsy: **None**

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? **925** (Specify type of place) _____ (e) Means of injury _____

23. Signature **P. S. Kwiatkowski** (M. D. or other) **11/11/41**
Address **Moberly Mo.** Date signed **11/11/41**

3. (a) PRINT FULL NAME **Levi Spalding Adams**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **702-05-6767**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Elizabeth Adams** 6. (c) Age of husband or wife if alive **50** years
7. Birth date of deceased **Jan 16th 1881** (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 2 24 hr. min.

9. Birthplace **Ill** (City, town, or county) (State or foreign country)

10. Usual occupation **Section Foreman**

11. Industry or business **Wabash. R.R.**

12. Name **Levi Adams**

13. Birthplace **Ill** (City, town, or county) (State or foreign country)

14. Maiden name **No data**

15. Birthplace **Ill** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Elizabeth Adams**

(b) Address **Jonesburg. Mo**

17. (a) **Burial** (b) Date thereof **apl 13th 1941** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Jonesburg**

18. (a) Signature of funeral director **Carl Harding**

(b) Address **Jonesburg. Mo**
19. (a) **apl 12-41** (b) **Levi Adams** (Data received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 10

District File Number 5-41-1036

Date Filed MAY 20 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.....

Carl A. Harding
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No. 4115

P. O. Address Jonestown, 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.