

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19142

Registration District No. 799 Primary Registration District No. 4479 Registrar's No. 8

1. PLACE OF DEATH
(a) County Saline
(b) City or town Seale
(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 50 years (Specify whether years, months or days)
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline
(c) City or town Seale
(If outside city or town limits, write "RURAL")
(d) Street No. 207 W Maple
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Jane Adelman
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 10 - 1855
(Month) (Day) (Year)

8. AGE: 86 Years 9 Months 8 Days 0 min. If less than one day _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Martin J Lynn
13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Lynn
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Adelman
(b) Address Seale Mo

17. (a) Seale (b) Date thereof 5-21-41
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Stromington Ill

18. (a) Signature of funeral director Wm A Beyer
(b) Address Seale Mo

19. (a) 5-19-41 (b) Ella Alexander
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month May day 18 year 1941 hour 70 minute 30 M.
21. I hereby certify that I attended the deceased from Aug 29 1940 to May 18 1941
that I last saw her alive on May 17 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial infarction Duration _____

Due to Emoval arthritis
Due to Senility
Other conditions (Include pregnancy within 3 months of death) 92 B
Major findings: Of operations _____
Of autopsy _____

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 A C Putnam (M. D. or other) _____
Address Marshall Mo Date signed 5-19-41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 6-9-41

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, fact should be so stated above.