

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Barger 25061
25454
State File No. _____
Registrar's No. 157

Registration District No. 310

Primary Registration District No. 429A

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Rural Cooper Tl. 100
(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 _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Mary Croft Adams

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife E. O. Adams 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 24 1854
(Month) (Day) (Year)

8. AGE: Years 87 Months 1 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Moravia Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name Jacob Croft.

13. Birthplace Pa.

14. Maiden name Margarette Susanna Louwitz

15. Birthplace Duttweiler Germany
(City, town, or county) (State or foreign country)

16. (a) Informant E. O. Adams

(b) Address Darlington, Mo.

17. (a) Burial (b) Date thereof 7/4/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Footy Cemetery, New Heights

18. (a) Signature of funeral director Albany W. W. W.

(b) Address Albany W. W. W.

19. (a) July 8 (b) Mattie David
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry
(c) City or town Rural Darlington
(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 July day 2
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from June 28, 1941, to July 2, 1941
that I last saw her alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of left
Hip, due to Mrs
Shuck
Due to _____
Due to _____

Other conditions: Alc
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

52

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) Accident
(b) Date of occurrence June 28, 1941
(c) Where did injury occur? Darlington
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

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

23. Signature J. N. Barger (M. D. or other) D
Address Darlington, Mo. Date signed 7/3/41

(Licensed Embalmer's Statement on Reverse Side)

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

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Chas. H. Burch

Licensed Embalmer No. 3329

P. O. Address

Albany, 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.