

FILED AUG 15 1941

State File No.

Registration District No. 318

Primary Registration District No. 2001

Registrar's No.

589

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
(Specify whether
In this community Life years, months or days)

3. (a) PRINT FULL NAME

Mable Adams

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race Colored

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Milton Adams

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased August (Month)

25 (Day) 1899 (Year)

8. AGE:

Years

Months

Days

If less than one day

42

10

23

hr. min.

9. Birthplace

Springfield (City, town, or county)

Missouri (State or foreign country)

10. Usual occupation

Domestic

11. Industry or business

MOTHER FATHER {

12. Name Lon Saunders

13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

14. Maiden name Elizabeth

15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant

Hattie L. Motley

(b) Address

1011 Texas city

17. (a) Burial

(b) Date thereof 7-21-41 (Month) (Day) (Year)

(c) Place: burial or cremation

Lincoln Memorial Cem

18. (a) Signature of funeral director

W. P. Campbell

(b) Address

867 Washington Ave.

19. (a) 7-22-41

(b) W. E. Handley (Registrar's signature)

(Date received local registrar)

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(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1008 E. Calhoun
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 18 year 1941 hour 1:20 minute 10 P. M.

21. I hereby certify that I attended the deceased from 7/8/41 to 7/18/41, 1941;

that I last saw her alive on 7/18/41, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death

Exhaustion

Due to Hypertensive Heart Disease 2 wks

Decompensation

Due to Essential Hypertension P

Other conditions Chr. Myocarditis, Pericarditis

Major findings:

Of operations

Of autopsy

938

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

Signature R. E. Jenkins (M. D. or other) MA

Address 305 E. College St Date signed 7/19/41

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.....

W. R. Campbell
working under my personal supervision.

....., Registered Apprentice No.....

Signed

W. R. Campbell
Licensed Embalmer No. *1747*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.