

DEPARTMENT OF COMMERCE

FILED SEP 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27682

State File No. _____

Registration District No. 4

Primary Registration District No. 4550

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Vandalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 601 Pershing
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Vandalia (If outside city or town limits, write "RURAL")
(d) Street No. 601 Pershing (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME MARY ELIZABETH ADAMS

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

4. Sex F 1. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Isaac Adams 6. (c) Age of husband or wife if alive December 30 1865

7. Birth date of deceased. June 30 1865 (Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 8 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Robert Reagan

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

14. Maiden name Pannah Bailey

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

16. (a) Informant Mrs. Grace Kresgel

(b) Address Frankfort, Ind.

17. (a) August 10 1941 (b) Date thereof (Month) (Day) (Year)

18. (a) Signature of funeral director W. L. Kline

(b) Address Wellsville, Mo.

19. (a) Aug 8 1941 (b) R. Lee Alfred, M.D. (Date received local registrar) (Registrar's signature)

78 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8 year 1941 hour 2:30 minute P M.

21. I hereby certify that I attended the deceased from June 20 1941 to Aug 8 1941 that I last saw her alive on Aug 4 1941 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Acute Thrombosis

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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)

(a) Means of injury _____

23. Signature R. Lee Alfred, M.D. (M. D. or other)

Address Vandalia, Mo. Date signed 9/2/41

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

RECEIVED

District Health Officer No. 10

District File Number 9-41-1701

Date Filed SEP 18 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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3059

P. O. Address Wellsville

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.