

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED SEP 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29216

State File No.

Registration District No.

755

Primary Registration District No.

57962

Registrar's No.

1. PLACE OF DEATH

- (a) County St. Charles
(b) City or town Rural Femme Osage
(c) Name of hospital or institution: 255 1st St

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution (Specify whether

In this community 5 yrs
years, months or days)

3. (a) PRINT FULL NAME Mary Jane Adair

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 Widowed

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

7. Birth date of deceased: (Month) Sept (Day) 7 (Year) 1896

8. AGE: Years 54 Months - Days - If less than one day hr. min.

9. Birthplace Felpa Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Joe Adair

(b) Address Augusta Mo

17. (a) Burial (b) Date thereof Aug 30/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Augusta Mo

18. (a) Signature of funeral director Shelley + Munday

(b) Address Augusta Mo

19. (a) Aug 30/41 (b) Sam Clay Jr D
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County ST CHARLES
(c) City or town RURAL
(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 Aug day 28th
year 1941 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Coroner's Case to Viewing of Body, 19

that I last saw h Viewing of Body, 19

and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage 10th
(apoplexy)

Due to

Due to Gen. Arterio sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

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

23. Signature A P Erich Schulz M.D. (Date signed) 8/29/41

Address St Charles Mo

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.....

....., 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.