

Registration District No. **73**

Primary Registration District No. **3006**

1. PLACE OF DEATH:

(a) County **Boone**
(b) City or town **Columbia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **University Hospital**
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution **1** (Specify whether years, months or days)
In this community **1** (Specify whether years, months or days)

3. (a) PRINT FULL NAME

PATRICIA ANN ADAMS

3. (b) If veteran,

name war **no**

3. (c) Social Security

No. **no**

4. Sex **Female**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **Child**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **1936** years

7. Birth date of deceased

APRIL 24

1936

8. AGE:

Years

Months

Days

If less than one day

5

3

8

hr.

min.

9. Birthplace

Mexico

(City, town, or county)

MO

(State or foreign country)

10. Usual occupation

Child

11. Industry or business

MOTHER FATHER

12. Name

JAMES R ADAMS

13. Birthplace

Craig Co

OKLA

14. Maiden name

Laura Louise

HANE

15. Birthplace

Galesburg

ILL

16. (a) Informant

James R Adams

(b) Address

Columbia Mo

17. (a)

Burial

(b) Date thereof

Aug 3 41

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

MEMORIAL PARK

18. (a) Signature of funeral director

R. Oliver

(b) Address

Columbia Mo

19. (a)

8/2/41

(b)

Allie Selby

(Data received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone**
(c) City or town **Columbia**
(If outside city or town limits, write "RURAL")
(d) Street No. **1321 Crestland St**
(If rural, give location)
(e) Citizen of foreign country? **-** (Yes or No)
If yes, name country **-**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **2nd**
year **1941** hour **11:10** minute **A.** M.

21. I hereby certify that I attended the deceased from

that I last saw him alive on

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

Immediate cause of death

Asphyxia developing during operation procedure under General Anesthetics

Due to **Lymphatic Constitution**

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy **as above**

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

23. Signature **Monie M. Adams** (M-D-mother)

Address **Columbia Mo** Date signed **8/2/41**

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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.....

POWREY
Licensed Embalmer No. *3185*

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.