

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

FILED SEP 26 1941

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 229

1. PLACE OF DEATH:

(a) County CALLAWAY
(b) City or town FULTON (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CALLAWAY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 WEEKS
(Specify whether years, months or days) LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY
(c) City or town RURAL (If outside city or town limits, write "RURAL")
(d) Street No. FULTON, R.F.D. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MINNIE ADAMS

3. (b) If veteran, name war XX 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

(b) Name of husband or wife THOMAS J. ADAMS 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased FEB. 5 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 24 If less than one day hr. _____ min. _____

9. Birthplace CALLAWAY COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business AT HOME

12. Name PHILLIP BACKER

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

14. Maiden name MARY ELIZABETH DECON

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

16. (a) Informant Queen Adams

(b) Address The Crabie, Mo

17. (a) BURIAL (b) Date thereof 8/31/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation UNITY CEMETERY

18. (a) Signature of funeral director Paul J. Blalock
(b) Address FULTON, MISSOURI

19. (a) Aug 31, 1941 (b) R. N. Creave
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29
year 1941 hour 12 minute 20 P.M.

21. I hereby certify that I attended the deceased from 6/13 1941 to 8/28 1941
that I last saw her alive on Aug. 28 1941
and that death occurred on the date and hour stated above.

Immediate cause of death fracture of neck of left femur

Due to trauma by fall

Due to terminal Hypostatic Pneumonia 2 days

Other conditions Ch. Myocarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations 186 a
Of autopsy 18

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 6/13/41

(c) Where did injury occur? Callaway, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in yard near home on fair
(Specify type of place)

While at work? no (a) Means of injury fall

23. Signature Henry Wmst (M. D. or other) MD
Address Fulton, Mo. Date signed 8/30/41

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..... *Albert E. White*

Licensed Embalmer No. *4168*

P. O. Address..... *Fulton, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31186

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Callaway Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 wks
In this community 3 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Callaway
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street-No. Fulton R.F.D.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Minnie Adams

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased Feb 5 1886
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 14 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____
13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Aug 20, 1941 (b) R. N. Crewe
(Date received local registrar) (Registrar's signature)

Nov 5, 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 19 Year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 _____ (M. D. or other)

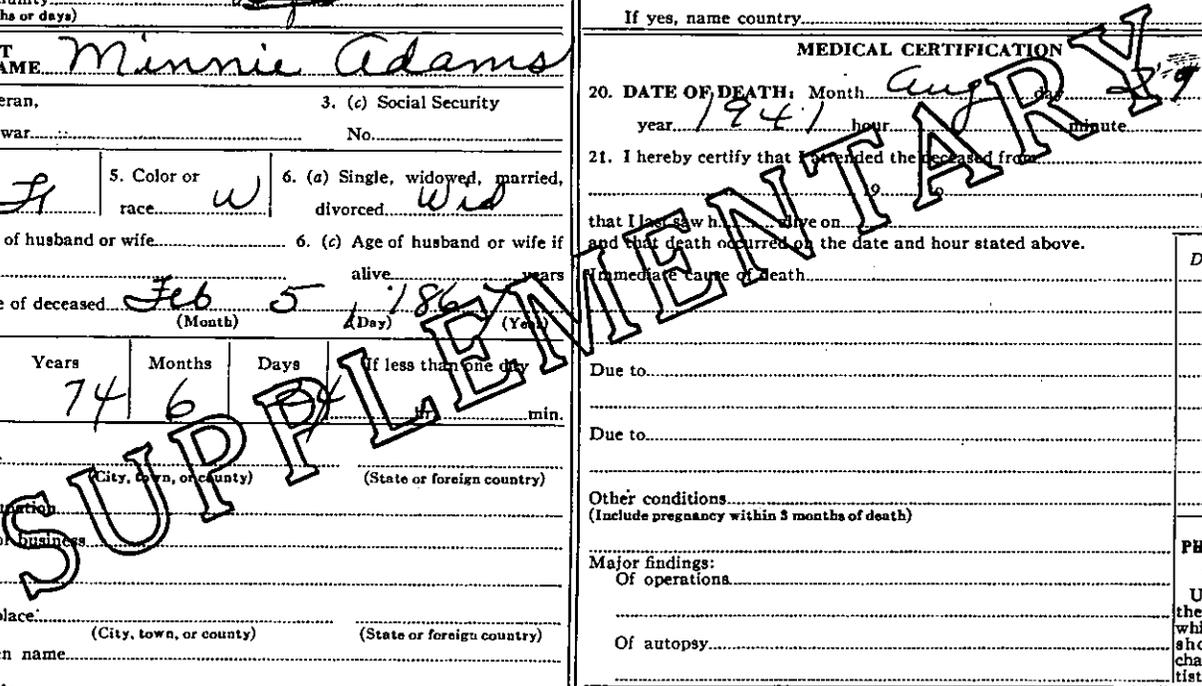
Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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1941

S-31186