

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41282

Registrar's No. 181

DEC 31 1941 26
Registration District No. 3002

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County AUDRAIN
(b) City or town MEXICO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: AUDRAIN COUNTY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 DAYS
(Specify whether years, months or days) 12 DAYS

3. (a) PRINT FULL NAME NANNY BIGGS ADAMS

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife GEORGE ADAMS 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased MAY 5 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 7 30 hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name M. R. K. BIGGS
13. Birthplace PIKE COUNTY MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name KATHERINE SCOBEE
15. Birthplace FLORIDA MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant KATHERINE BIGGS TANNER
(b) Address FARBER, MISSOURI

17. (a) BURIAL (b) Date thereof NOV. 6 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VANDALIA

18. (a) Signature of funeral director W.S. Waters
(b) Address Vandalia, Missouri

19. (a) November 4-41 (b) Blanche Keely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County AUDRAIN
(c) City or town RURAL - 5 MILE SOUTH
(If outside city or town limits, write "RURAL")
(d) Street No. 5 MILE SOUTH, FARBER
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4 year 1941 hour 7 minute P M.

21. I hereby certify that I attended the deceased from 10-23 1941 to 11-4 1941 that I last saw h. alive on 11-4 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia-broncho Duration 12 days

Due to _____

Due to _____

Other conditions Seriously
(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?

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

23. Signature R. S. Williams (M. D. or other) M. D.
Address Mexico Mo. Date signed 11-4-41

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

RECEIVED

District Health Officer No. 10

District File Number 12-41-2276

DEC 23 1941

Date Filed _____

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 Anna B. Waters

Licensed Embalmer No. 4169

P. O. Address Laurelville, 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.