

JAN 16 1942

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 358

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
212 1/2 W. 7th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Lena Blanche Adams

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 Married
6. (b) Name of husband or wife Chester L. Adams 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased November 17 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 0 24 hr. min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name W. H. Wilson
13. Birthplace Clay County Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca Ramsey
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Howard Roberts

(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof 12/12/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cem. Moberly, Mo.

18. (a) Signature of funeral director Gillespie General Home
(b) Address Sedalia, Missouri

19. (a) 12/11/41 (b) Mr. Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 212 1/2 West 7th Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10
year 1941 hour 12.35 minute 11 M.

21. I hereby certify that I attended the deceased from July 16, 1940
to Dec 11th, 1941.
that I last saw h. er alive on Dec 11th, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Ortital Aneurysm -
Chronic Int. Nephritis

Due to _____
Other conditions Secondary Anemia -
(Include pregnancy within 3 months of death)

Major findings:
Of operations None - 131a
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence No
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
None

(Specify type of place)
While at work? _____ (e) Means of injury 0

23. Signature Thos. Carlisle M.D. (M.D. or other)
Address 314 1/2 Ohio Sedalia Mo. Date signed 12-11-41

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed 1-14-42

FEB 28 1944

MAR 8 1944

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

L. E. Boudin

Licensed Embalmer No. 3867

P. O. Address Seaside 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.