

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42737

State File No.

Registration District No. 689

Primary Registration District No. 5917

Registrar's No.

1. PLACE OF DEATH

(a) County. PIKE Bulls Trwp
(b) City or town. LOUISIANA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ON PARIS ROAD
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ENTIRE LIFE (Specify whether
In this community. ENTIRE LIFE years, months or days)

3. (a) PRINT FULL NAME NANNIE SUSAN 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 SINGLE

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

7. Birth date of deceased. FEB. 25 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 15 If less than one day = hr. = min.

9. Birthplace PIKE CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE KEEPER

11. Industry or business ON FARM

12. Name HEBER W. ADAMS

13. Birthplace PRINCESS ANN MARYLAND
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH READING

15. Birthplace PIKE CO MO
(City, town, or county) (State or foreign country)

16. (a) Informant Heber Adams

(b) Address Louisiana

17. (a) BURIAL (b) Date thereof DEC. 12 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BETHANY Rch. Mo.

18. (a) Signature of funeral director Harriet Sterne

(b) Address Louisiana

19. (a) 12/11/41 (b) Heber Adams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PIKE
(c) City or town. RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. ON PARIS ROAD
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country =

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC 10TH day
year 1941 hour 8:00 minute P M.

21. I hereby certify that I attended the deceased from Jan 1 41
41 to Dec 10 41
that I last saw her alive on Nov 25 41
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis Duration =

Due to Accumulation pus
5 years

Due to 588

Other conditions 588
(Include pregnancy within 3 months of death)

Major findings:
Of operations 588

Of autopsy 588

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 Heber Adams (M. D. or other) =

Address Louisiana Date signed =

(Licensed Embalmer's Statement on Reverse Side)

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

STANDARD CERTIFICATE OF DEATH

MISSOURI STATE BOARD OF HEALTH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

2-1-4-51
7-17-70
1-1-1920

1. Usual residence of deceased:
(a) State _____
(b) County _____
(c) City or town _____
(d) Street No. _____
(e) Citizen of (foreign country) _____
(f) If yes, name country _____

2. Date of death: Month _____ Year _____
3. I hereby certify that I attended the deceased from _____
4. Immediate cause of death: _____
5. That I last saw him _____
6. and that death occurred on the date and hour stated above.

RECEIVED
District Health Officer No. 10
District File Number 1-42-52
Date Filed JAN 9 1942

7. Place of death:
(a) County _____
(b) City or town _____
(c) Name of hospital or institution _____
(d) Length of stay in hospital or institution _____
(e) Name of physician _____
(f) Name of community _____
(g) Name of family _____

8. Birth date of deceased: _____
9. Sex: _____
10. Color or race: _____
11. Marital status: _____
12. Name of husband or wife: _____
13. Age of husband or wife: _____
14. Birth date of deceased: _____
15. Sex: _____
16. Color or race: _____
17. Marital status: _____
18. Name of husband or wife: _____
19. Age of husband or wife: _____

20. Birthplace: _____
21. Date of death: _____
22. Cause of death: _____
23. Immediate cause of death: _____
24. That I last saw him _____
25. and that death occurred on the date and hour stated above.

26. Other conditions: _____
27. I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
28. working under my personal supervision.

29. Date of occurrence: _____
30. Where did injury occur: _____
31. Did injury occur in or about home, on farm, in industrial place, in public place, or elsewhere: _____

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.

STATEMENT BY LICENSED EMBALMER
10. Usual occupation: _____
11. Industry or business: _____
12. Name: _____
13. Birth date: _____
14. Registered Apprentice No. _____

Signed: *J. B. Sterne*
15. Licensed Embalmer No. 4039
16. P. O. Address: *Louisiana, Mo.*

17. Date of death: _____
18. Cause of death: _____
19. Immediate cause of death: _____
20. That I last saw him _____
21. and that death occurred on the date and hour stated above.

RECORDING BLACK BAR—HAVE A BEHAVIORAL RECORD