

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 16 1942

Registration District No. 238

Primary Registration District No. 5597

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Knox
 (b) City or town Putledge Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Colony Township
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
 In this community Entire life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Lillie May 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 Geo. W. Adams 6. (c) Age of husband or wife 74 years

7. Birth date of deceased May 1-1872
 (Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 16 If less than one day hr. min.

9. Birthplace Knox Co. Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name John Chapman

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

14. Maiden name Martha J. LaSwell

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

16. (a) Informant Geo. W. Adams

(b) Address Putledge Mo.

17. (a) Burial (b) Date thereof Jan 20-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memphis Cemetery

18. (a) Signature of funeral director North Parkett

(b) Address Memphis Mo.

19. (a) Jan 26/42 (b) Nelle Northcutt
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox 53
 City or town Putledge (Rural) 6
 (If outside city or town limits, write "RURAL")
 (d) Street No. Colony Township
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
 year 1942 hour 8:00 minute 0 A. M.

21. I hereby certify that I attended the deceased from May 1941 to Jan 1942

that I last saw her alive on Jan 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the head of pancreas Duration 9 months

Due to

Due to

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

Major findings: Of operations H&G

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?

(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 2

23. Signature E. E. Symmonds (M. D. or other) SD

Address Memphis Mo. Date signed Jan 19 1942

RECEIVED

District Health Officer No. 10

District File Number 2-42-213

Date Filed FEB - 7 1942

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

Fred Gerth

Licensed Embalmer No.

1029

P. O. Address

Memphis 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.