

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED FEB 12 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

3093

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot Little River
(b) City or town Little River
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence of A. L. Tidwell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community 5 years years, months or days

3. (a) PRINT FULL NAME LILLIAN-NEVILLE-ADAMS

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles R. Adams 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased February-28-1857 (Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 5 If less than one day hr. min.

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

10. Usual occupation Retired Housewife

11. Industry or business None

12. Name Washington R. Kidwell

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

14. Maiden name Mary Wheeler

15. Birthplace D. R. Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Albert L. Kidwell

(b) Address R. F. D. Nayti, Mo.

17. (a) Burial (b) Date thereof 1-4-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico, Mo.

18. (a) Signature of funeral director J. L. La Forge

(b) Address Caruthersville, Mo.

19. (a) Jan 13, 1942 (b) C. A. Martin (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town "Rural" Little River
(If outside city or town limits, write "RURAL")
(d) Street No. Shade Switch (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3 year 1942 hour 10 minute 20 A M.

21. I hereby certify that I attended the deceased from Dec 15, 1941, to Jan 3, 1942, that I last saw her alive on Jan 3, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus 24 years

Due to

Due to

Other conditions Severe Hypertension
(Include pregnancy within 3 months of death) arteriosclerosis

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 C. A. Martin (M. D. or other) Address Caruthersville Date signed 1/10/42

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

2-42-7

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.....

Licensed Embalmer No. 3082

P. O. Address Cantherville, 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.