

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3283
Registrar's No. 4

Registration District No. 733

Primary Registration District No. 4438

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Huntsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 yr.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Mary 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, widowed
6. (b) Name of husband or wife.
6. (c) Age of husband or wife if alive. 8 years
7. Birth date of deceased. Dec. 8, 1854
(Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 10 If less than one day hr. min.

9. Birthplace South Wales (City, town, or county) (State or foreign country) 4

10. Usual occupation Housekeeping

11. Industry or business

MOTHER FATHER { 12. Name John James
13. Birthplace Wales (City, town, or county) (State or foreign country) 4
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Swendelyn Vanderh
(b) Address Huntsville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Novinger Cemetery

18. (a) Signature of funeral director Tom B. Felton
(b) Address Huntsville, Mo.

19. (a) 1/20/42 (Date received local registrar) (b) Mrs. P. V. Drayer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18 year 1942 hour 330 minute P. M.

21. I hereby certify that I attended the deceased from Nov 1942 to Jan 16 1942
that I last saw her alive on Jan 16 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic myocarditis Duration D.K.

Due to arteriosclerosis D.K.

Due to 932

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none PHYSICIAN Underline the cause to which death should be charged etiologically.

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 P. V. Drayer (M. D. or other) M.D.
Address Huntsville, Mo. Date signed 1/20/42

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

RECEIVED

District Health Officer No. 10

District File Number 2-42-310

Date Filed FEB 19 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..... Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address..... Huntsville, Md.

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.