

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12327

State File No.

FILED APR 20 1942 895

Registration District No.

Primary Registration District No. 61956197

Registrar's No.

1. PLACE OF DEATH:

(a) County Wayne
(b) City or town Rural - Coldwater
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Mill Spring
(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

Lera Adams

3. (b) If veteran, name war _____

3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife L. B. Adams 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Dec 22 (Month) 1873 (Day) 1873 (Year)

8. AGE: Years 68 Months 5 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Frances Wray

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

14. Maiden name Catherine King

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

16. (a) Informant Dwight Adams

(b) Address Coldwater

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7 - 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Coldwater

18. (a) Signature of funeral director Ed. Webb

(b) Address Fredrickson Mo

19. (a) May 10 1942 (Date received local registrar) (b) Fredrickson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1942 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 28 to March 5, 1942, that I last saw her alive on March 3, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Myocardial Infarction 24H

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 92 lb

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 Heart

23. Signature Fredrickson (M. D. or other) 3/6/42
Address _____ Date signed _____

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

1103

(Licensed Embalmer's Statement on Reverse Side)

Officer No. 4
District File Number 442-462
Date Filed 4-13-42

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.....

was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.