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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 17 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20820

State File No.

Registration District No. 125 | Primary Registration District No. 2069 | Registrar's No. 194.

1. PLACE OF DEATH:
(a) County Cape County
(b) City or town Cape Girardeau City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sons home - 722 Merriweather St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ~~Most of her life~~ Abant 30 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape 16
(c) City or town Cape Girardeau 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Susan Matilda Adams.
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John David Adams.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) II (Day) 1865 (Year)

8. AGE: Years 76 | Months 2 | Days 28 | If less than one day hr. min.

9. Birthplace Alexander county (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation House wife
11. Industry or business

MOTHER FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Sons
(b) Address sikeston
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Orville Taylor
(b) Address Sikeston Missouri
19. (a) 6-26-42 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1942 hour 7 hours minute 17 M.
21. I hereby certify that I attended the deceased from June 1 1942 to June 14 1942 that last saw her alive on June 14 1942 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
(a) Cerebral Hemorrhage
Due to (b) Chronic Cholecystitis and Cholelithiasis
Due to (c)

Other conditions (Include pregnancy within 3 months of death) none

Major findings: Of operations none 126
Of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: none
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature M. G. Anderson (M. D. or other)
Address Sikeston, Mo Date signed 6-24-42

1514

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 74-95
Date Filed 74-14-42

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed W. Ebey

Licensed Embalmer No. 3474

P. O. Address Poplar Bluff

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.