

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 176 Primary Registration District No. 4105 Registrar's No. _____

1. PLACE OF DEATH:
 (a) County CHARITON
 (b) City or town SUMNER
 (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 _____ (Specify whether)
 In this community: 3 MOS. years, months or days

3. (a) PRINT FULL NAME NEDRA H. ADAMS
 (b) If veteran, name war NONE
 (c) Social Security No. NONE

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

6. (b) Name of husband or wife ARCH C. ADAMS
 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased MAY 28, 1907
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
35 0 28 hr. min.

9. Birthplace SUMNER, MO
 (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name MOSES F. HARDY

13. Birthplace WASHINGTON CO, OHIO
 (City, town, or county) (State or foreign country)

14. Maiden name MABEL E. CALLAWAY

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

16. (a) Informant's own signature Arch C Adams

(b) Address 5029 Montgall R.C. Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-28-42
 (Month) (Day) (Year)

(c) Place: burial or cremation SUMNER, MO.

18. (a) Signature of funeral director Ruth Funeral Home

(b) Address Brookfield, MO

19. (a) June 28, 1942 (Date received local registrar) (b) Ruth Stoner (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County JACKSON
 (c) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5029 MONTGALL
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 26
 year 1942 hour 8 minute 20 P. M.

21. I hereby certify that I attended the deceased from May 29,
1942 to June 26, 1942
 that I last saw her alive on June 26, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death General Sclerotic of heart & respiratory center
Case was diagnosed by
Dr. Carmichael, Dr. Charles Sheffield
& Edgar Varden as Carcinoma of
Eustachian tube with men-
tactaria to meninges.
 Other conditions The above MDs are
in R.C. Mo. Also been at
Major findings: Ellis Fischel State
Cancer Hosp at Columbia Mo.
Of autopsy: no autopsy but had
Biopsies for diagnosis

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 _____

28. Signature J. W. Stasdy MD (M. D. or other)
 Address Sumner, MO Date signed 6-27-42

Duration
15 Mos
ago
556
 PHYSICIAN
 Underline the cause to which death should be charged statistically

District Health Office, No. 8,

District File Number _____

Date Filed 7-13-42

MAR 29 1943

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 H. B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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, above space should be left blank.