S. No. 2
1—1-4-41
7. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24621
State File No.

FILED AUG 14 1942
Registration District No. 15-2
Primary Registration District No. 5-A-1
Registrar's No.

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

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Rural, Franklin Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Grovespring
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Wright
(c) City or town Mtn Grove Mo
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) /
If yes, name country

3. (a) PRINT FULL NAME Mollie Adams
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex feminine
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Thomas J. Adams
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 23 (Day) 1880 (Year)

8. AGE: Years 62 Months 2 Days 4 If less than one day hr. min.

9. Birthplace Wright (City, town or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name Robert L. Moore
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Sarah Lacey
15. Birthplace Roane (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Robert V. Adams
(b) Address 463 S. Market, Springfield, Mo.
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof March 29 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Bride Cemetery
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1942 hour 11,55 minute P.M.
21. I hereby certify that I attended the deceased from March 1942 to March 27 1942
that I last saw her alive on March 27 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of Stomach	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operation	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 842-1233
Date Filed AUG 13 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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

V. S. No. 2B
10M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24621

Registration District No. 952 Primary Registration District No. 5617 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Rural Franklin Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Wright
(c) City or town Grand Spring, Boro
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mollie 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 W

6. (b) Name of husband or wife Thomas
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan (Month) 23 (Day) 1880 (Year)

8. AGE: Years 62 | Months 2 | Days 4 | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

FATHER
14. Maiden name Sarah Lacey
15. Birthplace Roane (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Robert U. Adams
(b) Address 463 S. Market Springfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 29 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mc Bride Cemetary

18. (a) Signature of funeral director
(b) Address

19. (a) Sept-11-42 (Date received local registrar) (b) Grace Rogers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar Day 27 year 1942 hour 11 minute 5 A. M.

21. I hereby certify that I attended the deceased from Mar 27 1942 to Mar 27 1942 that I last saw him alive on Mar 27 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. V. Haugh (M. D. or other)
Address Date signed

SUPPLEMENTARY

2nd