

S. No. 2  
1-9-4-41  
5-17-39  
PI X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

33660

FILED NOV 10 1942

State File No.

Registration District No. 775

Primary Registration District No. 4187

Registrar's No.

36  
5  
0

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

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Union Mo  
(c) Name of hospital or institution:  
407 Brown St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 5 weeks  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Hickman <sup>999</sup>  
(c) City or town Columbus <sup>13</sup>  
(If outside city or town limits, write "RURAL")  
(d) Street No. Hoover St. <sup>0</sup>  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 2

3. (a) PRINT FULL NAME

Edna Virginia Adams

(b) If veteran, name war ✓

(c) Social Security No. ✓

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife George Adams

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 19th 1868  
(Month) (Day) (Year)

8. AGE:

Years 73 Months 11 Days 19  
If less than one day hr. \_\_\_\_\_ min. ✓

9. Birthplace:

Columbus Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation

house wife

11. Industry or business

MOTHER FATHER

12. Name Micalas Kerr

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

14. Maiden name Adelaine Stanley

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

16. (a) Informant Mrs. Sherley Harker

(b) Address 407 Brown St Union Mo

17. (a) Removal (b) Date thereof 10/10/1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbus Kentucky

18. (a) Signature of funeral director E. H. Ottmann

(b) Address Union Mo

19. (a) 10/8/42 (b) Leonard Payer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8th  
year 1942 hour 5 minute 45 a.m.

21. I hereby certify that I attended the deceased from Oct 1 1942 to Oct 8 1942  
that I last saw her alive on Oct 7 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy  
Cerebral hemorrhage  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) Subminal hypostatic pneumonia

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: 8301

Duration 7 days

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? \_\_\_\_\_

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

23. Signature L. M. Henry (M. D. or other) MD  
Address Union Mo Date signed 10-8-42

1119 (Licensed Embalmer's Statement on Reverse Side)

NOV 7 1947

**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.....

*E. F. Oltram*

Licensed Embalmer No.....

*1686*

P. O. Address.....

*Union 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, fact should be so stated above.**