

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution: St. Johns Hosp; 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 minutes
30 years (Specify whether years, months or days)

3. (a) PRINT: FULL NAME: Minnie May Adams.

3. (b) If veteran, name war. No

3. (c) Social Security No. No

4. Sex Fem. 5. Color or race white

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

6. (b) Name of husband or wife Lewis D. Adams

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Jul. 10, 1874 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
68	5	19		hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name Robert Cossey

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

14. Maiden name Eugenia Martin (City, town, or county) (State or foreign country)

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

16. (a) Informant Lewis D. Adams

(b) Address 1506 E. 5th St; Joplin Mo;

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Dec. 31, 42 (Month) (Day) (Year)

(c) Place: burial or cremation Osborne Mem. Cem. Pk;

18. (a) Signature of funeral director Hurlbut Und. Co;

(b) Address Joplin Mo;

19. (a) 12-31-42 (Date received local registrar)

(b) Gustav Sudholter (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo; (b) County Jasper

(c) City or town Joplin Mo; (If outside city or town limits, write "RURAL")

(d) Street No. 1506 E. 5th St; (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 29, day 1942

year hour 6-00 P.M. minute

21. I hereby certify that I attended the deceased from Dec 28 1942 to Dec 28 1942

that I last saw h. 3pm alive on Dec 28 1942

and that death occurred on the date and hour stated above.

Immediate cause of death acute endocarditis

Due to Food

Due to Heart causing 1 day

Other conditions (Include pregnancy within 3 months of death)

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) (a) Means of injury

Signature Dr. John F. Meagan (M.D. or other)

Address Joplin Mo Date signed 12-29-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

42-12-1884

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:

Terrist Gulbek

Licensed Embalmer No. *919*

P. O. Address *Joplin 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.