S. No. 2
M—9-4-41
. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1534

State File No.

FILED JAN 25 1943

Registration District No. ...... Primary Registration District No. 1000 Registrar's No. 1290

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital #2 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 3 yrs. 4 mo. 27 days (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Elva Adams

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ...... years

7. Birth date of deceased May (Month) 15 (Day) 1903 (Year)

8. AGE: Years 39 Months 7 Days 7 If less than one day ...... hr. ...... min.

9. Birthplace Gentry County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business ~~George Adams~~

FATHER
12. Name George Adams
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Lewis Shipley
(b) Address Gallatin, Missouri
17. (a) R (Burial, cremation, or removal) (b) Date thereof 12-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation Rouse Cemetery Darlington Mo
18. (a) Signature of funeral director Shipley Brothers
(b) Address Albany Mo
19. (a) 12-23-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22 year 1942 hour 8:25 minute A. M.

21. I hereby certify that I attended the deceased from November 28, 1942, to 12-22-, 1942, that I last saw her alive on December 22, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho Pneumonia	7 days
Due to Influenza	3 weeks
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.

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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 W. G. Rogers (M. D.)
Address State Hospital #2 St. Joseph, Mo. Date signed 12-22-42

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(Licensed Embalmer's Statement on Reverse Side)

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 me

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

working under my personal supervision.

Signed .....

Licensed Embalmer No. 5329

P. O. Address Albany NY

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.