S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

300

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1943

Registration District No. 46

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5155

State File No. 1731

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Rural, New York, Twn.
(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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Caldwell

(c) City or town New York P. Rural 12
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Sarah Matilda Adiar

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 Widowed 2

6. (b) Name of husband or ~~wife~~ XXXXX George M Adiar

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

7. Birth date of deceased March (Month) 19 (Day) 1866 (Year)

8. AGE: Years 76 Months 9 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Hamilton, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Amos Edwards
13. Birthplace Hamilton, Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Polly Ann Hawks
15. Birthplace Hamilton, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Ova Gray
(b) Address Cowgill Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 28 (Day) 1942 (Year)
(c) Place: burial or cremation Plesant Ridge

18. (a) Signature of funeral director Cramer Clark
(b) Address Kingston, Mo

19. (a) 1-9-43 (Date received local registrar) (b) Mrs Vivian Bridgewater (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25 year 1942 hour About 12 minute ..... M.

21. I hereby certify that I attended the deceased from not attended ....., 19..., to ....., 19...
that I last saw her ~~alive~~ on Dead Dec 25, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Probably Cerebral hemorrhage

Due to Found dead in bed

Due to .....

Other conditions ..... (Include pregnancy within 3 months of death) unattended

Major findings:
Of operations .....
Of autopsy Viewed

Duration

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 E A Thompson Corone (M. D. ~~or other~~)
Address Breckenridge Mo 3 Date signed Dec 26 1942

(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.....

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

working under my personal supervision.

Signed Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, 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.