

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3607

3607

Registration District No. 6087

Primary Registration District No. 3071

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Slater
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Melissa Margret Adams

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive no years
7. Birth date of deceased Oct. 27th 1854 (Month) (Day) (Year)

8. AGE: Years 88 Months 2 Days 18 If less than one day hr. min.

9. Birthplace Adams Co. Ill. 1 (City, town or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business Marshall Peel

12. Name Ohio. 1

13. Birthplace Ill. 1 (City, town or county) (State or foreign country)

14. Maiden name Elizabeth Benjamin

15. Birthplace Ill. 1 (City, town or county) (State or foreign country)

16. (a) Informant James Peel

(b) Address Slater, Mo. 1-17-'43

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Slater, Mo. (Month) (Day) (Year)

(c) Place: burial or cremation Hill Brothers

18. (a) Signature of funeral director Slater, Mo.

(b) Address 1-29-43 (c) Mrs John Giger (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State No. (b) County Saline
(c) City or town Slater (If outside city or town limits, write "RURAL")
(d) Street No. no (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15th year 1943 v hour 1 minute P M.

21. I hereby certify that I attended the deceased from never saw he alive 19 1943 to 1943 that I last saw him alive on dead when and that death occurred on the date and hour stated above.

Immediate cause of death of a natural Duration

Do not know any
Due to thing about this

Due to Wm. W. Wm.

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) Natural Causes
(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

23. Signature M. C. Giger (M. D. or other) Address Slater, Mo. Date signed 1/16/43

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 2-5-43

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. 1292
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 with the above constitutes grounds for revocation of license.)

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2687
Registrar's No. 1

Registration District No. 6887 Primary Registration District No. 3871

1. PLACE OF DEATH:

(a) County Saline
(b) City or town slab
(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)
In this community _____ (Specify whether)
years, months or days)

3. (a) PRINT FULL NAME Melissa M. 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 _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased 01 27 1993
(Month) (Day) (Year)

8. AGE: Years 88 Months 2 Days 8 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 1 Year 1993 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him/her alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____ 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)
(b) 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 _____

23. Signature M C Rogers (M. D. or other) _____
Address Station 200a Date signed _____

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

