

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9826**
Registrar's No. **95**

Registration District No. **33**

Primary Registration District No. **8010**

1. PLACE OF DEATH:
(a) County **Cape Girardeau**
(b) City or town **Cape Girardeau**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **St. Francis Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **13 days**
In this community **3 years 13 days** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Maggie Adams**
3. (b) If veteran, name war -----
3. (c) Social Security No. -----

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **(Unknown)**
6. (b) Name of husband or wife **(Unknown)** 6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased **(Unknown)** 1916
(Month) (Day) (Year)

8. AGE: Years **27** Months **---** Days **---** If less than one day hr. ----- min.

9. Birthplace **(Unknown)** **Mississippi**
(City, town, or county) (State or foreign country)

10. Usual occupation **Domestic**

11. Industry or business -----

MOTHER FATHER { 12. Name **Alec Cox**
13. Birthplace **(Unknown)** **Mississippi**
(City, town, or county) (State or foreign country)
14. Maiden name **Geneva** **(Unknown)**
15. Birthplace **(Unknown)** **Mississippi**
(City, town, or county) (State or foreign country)
Fred Smith

16. (a) Informant **Fred Smith**

(b) Address **1381 Maud St., Sikeston, Mo.**

17. (a) **Removal** (b) Date thereof **March 21, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood, Mississippi**

18. (a) Signature of funeral director **Smith Funeral Home**

(b) Address **Sikeston, Missouri**

19. (a) **3/24-43** (b) **G. H. Phelps**
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **3/19/43**
year **1943** hour **11** minute **15** P. M.

21. I hereby certify that I attended the deceased from **3/19/43** to **3/21/43**
that I last saw him alive on **3/21/43** and that death occurred on the date and hour stated above.

Immediate cause of death **gun shot wound of chest and spine**
Due to -----

Due to -----

Other conditions (Include pregnancy within 3 months of death) **166**

Major findings: Of operations -----
Of autopsy **NO**
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) **Homicide**
(b) Date of occurrence **3/18/43**
(c) Where did injury occur **Sikeston Mo**
(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) **Home**
23. Signature **G. H. Phelps** (M. D. or other) **MD**
Address **Sikeston, Mo** Date signed **3/23/43**

RECEIVED

District Health Officer No. 4
District File Number 443-2062
Date Filed 4-7-43

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.

working under my personal supervision.

Signed

Frank Sparks

Licensed Embalmer No.

3455-

P. O. Address

C. J. Givens and

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.