

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10650**

**FILED MAR 29 1943**

Registration District No. **3033**

Primary Registration District No. **3033**

Registrar's No. **53**

1. PLACE OF DEATH:

(a) County **Laclede**  
(b) City or town **Lebanon**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Wallace Memorial Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Two days**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **EULA MARIE ADAMS**

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

5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
4. ~~Sex~~ **Female** 6. (b) Name of husband or wife **Vincie O Adams**  
6. (c) Age of husband or wife if alive **years**  
7. Birth date of deceased **June 20 1903**  
(Month) (Day) (Year)

8. AGE: Years **39** Months **8** Days **20** If less than one day **hr. min.**

9. Birthplace **Laclede Co mo. 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **William A. Lewis**  
13. Birthplace **Laclede Co mo. 0**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Elizabeth Jane Kerd**  
15. Birthplace **Laclede Co mo. 0**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Vincie O Adams**

(b) Address **Lebanon mo. Brownfield Ct**

17. (a) **Burial** (b) Date thereof **March 12 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cross Roads Cemetery**

18. (a) Signature of funeral director **W. E. Holman**

(b) Address **Lebanon mo.**

19. (a) **3-15-43** (b) **Grace Rosen**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Laclede**  
(c) City or town **Lebanon (Rural)**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Brownfield Route**  
(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 **March** day **10**  
year **1943** hour **9** minute **P.M.**

21. I hereby certify that I attended the deceased from **12-5-42**  
19 **12** to **3-10** 19 **43**

that I last saw him alive on **3-10-43** and that death occurred on the date and hour stated above.

Immediate cause of death **Embolicism to brain following childbirth**

Due to

Due to

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) (e) Means of injury

23. Signature **R. E. Harrell** (M. D. or other)

Address **Lebanon mo.** Date signed **3-13-43**

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

MOTHER FATHER

1090

Received.....170.....

Laclede County Health Unit

File No. ....3-43-40.....

Date Filed.....9-24-43.....

OCT 19 1944

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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.....

*Dorsey M. Howe*

Licensed Embalmer No. 4222

P. O. Address. Lebanon 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.