S. No. 2
M—5-42
v. 5-17-30
G. 13322

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17442

FILED JUN 10 1943

Registration District No. 43

Primary Registration District No. 5142

Registrar's No. 171

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Rural- Neely
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3miles North of Neelyville
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 4 Miles North of Neelyville
(If rural, give location)

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

3. (a) PRINT FULL NAME Judy Alene 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 CS

6. (b) Name of husband or wife .....

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

7. Birth date of deceased May 15 (Month) 1943 (Day) (Year)

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

9. Birthplace Butler Co (City, town, or county) Mo. (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name Charley Adams
13. Birthplace Kennitt (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Agnes Alene Summers
15. Birthplace Poplar Bluff (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Cra Callen
(b) Address Harviell Rtl. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/43 (Month) (Day) (Year)
(c) Place: burial or cremation Kenzie Ceme.

18. (a) Signature of funeral director Minnie Gish
(b) Address Naylor Mo

19. (a) 5-29-43 (Date received local registrar) (b) Bell Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1943 hour 12 minute 5 A.M.

21. I hereby certify that I attended the deceased from May 1 1943, to May 16, 1943
that I last saw her alive on May 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Premature Birth 7 Months	
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)
(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 J J Fan (M. D. or other)
Address Neelyville Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 643-284
Date Filed 6-7-43

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.

This person not embalmed.

Signed Bryan McCord

Licensed Embalmer No. 4079

P. O. Address Naylor, 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.