

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 242

Primary Registration District No. 4361

Registrar's No.

1. PLACE OF DEATH:

(a) County New Madrid
 (b) City or town Canalou
 (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 25 yrs (Specify whether years, months or days)
 In this community 25 yrs

3. (a) PRINT FULL NAME Pansy Ancil 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
maried

6. (b) Name of husband or wife Clarence W. 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased April 4 1909 (Month) (Day) (Year)

8. AGE: -Years 34 Months 3 Days 16 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Collin Roberts

12. Name Collin Roberts

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

14. Maiden name Esther Betty (City, town, or county) (State or foreign country)

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

16. (a) Informant Clarence W. Adams

(b) Address Canalou Mo

17. (a) Burial (b) Date thereof 7-21-43 (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Welch Funeral Home

(b) Address Likeston Mo

19. (a) Aug 8, 43 (b) Mar Brown (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott
 (c) City or town Canalou (If outside city or town limits, write "RURAL")

(d) Street 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 July day 20 year 1943 hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased from 3/11 to July 20 1943

that I last saw him alive on July 21 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer uterus

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 C. H. Hensley (M. D. or other)

Address Likeston Mo Date signed 7-23-43

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

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

Raymond Crews

Licensed Embalmer No. *3467*

P. O. Address

Sikeston 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.