

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 18 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38558

State File No.

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Livingston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1119 South St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 yrs (Specify whether
In this community 35 yrs years, months or days)

3. (a) PRINT FULL NAME KATIE ADAMS

3. (b) If veteran, name war. — 3. (c) Social Security No. —

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Oscar Adams 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Feb. 24 1875 (Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 20 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name Charles R. Shushan
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Lucy Madden
15. Birthplace Sherridan Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Chas Shushan

(b) Address Livingston, Mo.

17. (a) Burial (b) Date thereof Sept 18-1943 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Livingston, Mo.

18. (a) Signature of funeral director Wm. H. H. H.

(b) Address Livingston, Mo.

19. (a) Dec-1-43 (b) Mrs. Fred Schweb. (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette
(c) City or town Livingston (If outside city or town limits, write "RURAL")
(d) Street No. 1119 South St. (If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16 year 1943 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from 4/25 to 9-16 1943
that I last saw him alive on Sept 16 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
decompensating
Due to Robert P. Greenman

Due to 108
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 P. H. H. (M. D. or other) —
Address Livingston, Mo. Date signed 9/16/43

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-10-43

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.....

Garret G. Lempel

Licensed Embalmer No. 3275

P. O. Address Lexington, 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.