

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED NOV 18 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38753

Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 238
(b) Township Big Prairie Twp Primary Registration District No. 5821
(c) City R.F.D. Matthews (d) Street No. 1 St. 1
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 58

2. PRINT FULL NAME Georgia Tildon Adams

(a) Residence, No. New Madrid St. 1
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/8/1910
7. AGE YEARS 33 MONTHS 1 DAYS 28 If LESS than 1 day, ...hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Bertrand Mo. (STATE OR COUNTRY)

13. NAME Henry Adams

14. BIRTHPLACE (CITY OR TOWN) Thebes Ill. (STATE OR COUNTRY)

15. MAIDEN NAME Ella Wheatkey

16. BIRTHPLACE (CITY OR TOWN) Camden Tenn. (STATE OR COUNTRY)

17. INFORMANT Mrs. Ella Adams Powell (ADDRESS) R.F.D. Matthews

18. BURIAL, CREMATION, OR REMOVAL PLACE Armour DATE 10/7/1943, 19

19. FUNERAL DIRECTOR (NAME) Welsh Funeral Home (ADDRESS) Sikeston Mo

20. FILED Nov 3, 19 43 Alice Spiller Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/6/1943, 19

22. I HEREBY CERTIFY, That I attended deceased from 10-4-43, 19, to 10-6-43, 19. I last saw him alive on 10-6-43. Death is said to have occurred on the date stated above, at 6 m.

The principal cause of death and related causes of importance were as follows:

Labor Pneumonia Date of onset 10-7-43

Other contributory causes of importance: 108

Name of operation Autopsy Date of no
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19. Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) Howard M. Tindley, M. D.
(Address) Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 1143-146

Date Filed 11-15-43

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Likeston 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, above space should be left blank.