

FILED DEC 13 1943

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

38846  
Do not use this space.

1. PLACE OF DEATH

(a) County Pennington Registration District No. 247  
(b) Township Hayth Primary Registration District No. 3047 Registered No. 67  
(c) City Hayth (d) Street No. 1 St. 1  
(e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Alice Adams

(a) Residence, No. 1 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 3 Cal 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Monroe Adams  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8. 1896  
7. AGE YEARS 47 MONTHS 10 DAYS 16 If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housekeeper  
9. Industry or business in which work was done, as saw mill, bank, etc. home  
10. Date deceased last worked at this occupation (month and year) 11-10-43 11. Total time (years) spent in this occupation 25  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tenn  
13. NAME Ed. Lawrence  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Va.  
15. MAIDEN NAME Helen Jones  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charlottesville S.C.  
17. INFORMANT Monroe Adams (ADDRESS) Hayth - Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Hayth - Mo DATE 11-28 1943  
19. FUNERAL DIRECTOR (NAME) L. J. Smith (ADDRESS) Hayth - Mo  
20. FILED 35-24 1943 George E. Smith Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24. 1943

22. I HEREBY CERTIFY, That I attended deceased from 11/10 to 11/24 1943  
I last saw him or her alive on 11/23 1943 Death is said to have occurred on the date stated above, at 11/24 m.  
The principal cause of death and related causes of importance were as follows:

Active Pulmonary tuberculosis Date of onset 10/1-42

Other contributory causes of importance:

Name of operation None Date of None  
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None Date of injury None, 1943  
Where did injury occur? None (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify L. J. Smith (Signed) Hayth - Mo. M. D.  
(Address)

11-43-319

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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

*L. M. Hills*

Licensed Embalmer No. *2627*

P. O. Address

*Lilbourn, 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.**