

FILED JAN 17 1944

State File No.

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 80

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:
10th Franklin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community Life years, months or days

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. 10th Franklin
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME NANNIE W. GOLLADAY

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

7. Birth date of deceased Dec 21 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 17 If less than one day hr. min.

9. Birthplace Wellington MO
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business at home

12. Name John Quincy Adams
13. Birthplace Ky
(City, town, or county) (State or foreign country)

14. Maiden name Phoebe Easton
15. Birthplace Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Rascal Golladay
(b) Address Livingston, Mo

17. (a) Burial (b) Date thereof 11-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Livingston, Mo

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

(b) Address Livingston, Mo

19. (a) Jan 4 - 1944 (b) Mrs. Thed Scholt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8
year 1943 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from 12/12/42 19... to 11/18 19...
that I last saw her alive on 11/18 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Stomach

Due to ✓

Due to

Other conditions H6
(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) (c) Means of injury.....

23. Signature Wm. Scholt (M. D. or other) Wm. Scholt
Address Livingston, Mo Date signed 11/18/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Filed

1-6-44

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 J. Kumpel*

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.