

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 6 1944

Registration District No. 232

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5812

State File No.

Registrar's No.

13

1. PLACE OF DEATH:

- (a) County Montgomery
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT
FULL NAMEMary Elizabeth Adams

3. (b) If veteran,

name war

X

3. (c) Social Security

No. none4. Sex Female5. Color or
race W6. (a) Single, widowed, married
divorced Widowed

6. (b) Name of husband or wife

Thomas Adams

6. (c) Age of husband or wife if

alive X years
(Day) (Year)

7. Birth date of deceased

Sept 18 1858
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

86212

hr. min.

9. Birthplace

Pike Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

House wife

11. Industry or business

MOTHER FATHER

12. Name

England

13. Birthplace

Charles Wright
(City, town, or county) (State or foreign country)

14. Maiden name

Elizabeth Sabie

15. Birthplace

Ky
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Arthur Mayo(b) Address Middletown, Mo.

17. (a)

Burial
(Burial, cremation, or removal)(b) Date thereof 12 9 1943
(Month) (Day) (Year)

(c) Place: burial or cremation

New Hartford Mo

18. (a) Signature of funeral director

Wm. B. B. B. B.

(b) Address

1000 S. 1st St. St. Louis Mo.

19. (a)

Dec 11 1943
(Date received local registrar)(b) Mrs. Aurelia Holt
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Montgomery
(c) City or town "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1st
year 1943 hour 1:30 minute P.M.21. I hereby certify that I attended the deceased from Nov. 27, 1943 to Dec. 1st, 1943
that I last saw her alive on Dec. 1st, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocardial failure

Due to

Cardio-renal hyper-
tension

Due to

Senility

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

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

H. R. J. J.

(M.D. or other)

Address

Middle town

Date signed

Dec. 4.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.