

FILED FEB 8 1944

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 16

Master 1865

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
405 W. Elizabeth
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No. 405 W. Elizabeth.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Martha Adams

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Adams 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased October 25 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Bevier Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name William Benzler

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Johnson

15. Birthplace Macon Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John Adams
(b) Address Kirksville, Mo.

17. (a) Burial (b) Date thereof 1/6/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ulewellyn Cemetery

18. (a) Signature of funeral director J. E. Philips

(b) Address Kirksville, Mo.

19. (a) 1/12/44 (b) Dr. J. H. Wayne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4 year 1944 hour 5:00 minute A: M.

21. I hereby certify that I attended the deceased from Dec 20 1943 to JAN 4 1944

that I last saw her alive on JAN 4 1944 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Influenza
Bronchial Pneumonia 3 days

Due to _____

Due to _____

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 2

23. Signature J. H. Wayne (M. D. or other) Dr

Address Kirksville Date signed 1-12-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 2-44-228

Date Filed FEB 5 1944

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: Laura Riley

Licensed Embalmer No. 3907

P. O. Address Hertsaville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.