

FILED FEB 14 1944 20

Registration District No.

Primary Registration District No. 5449

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Yentry  
(b) City or town Rural Jackson Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether  
In this community 59 yrs.  
years, months or days)

3. (a) PRINT  
FULL NAME

Nevada B. Adams

3. (b) If veteran,  
name war

3. (c) Social Security  
No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife Ada Greene Adams 6. (c) Age of husband or wife if alive 1858 years  
7. Birth date of deceased Feb. 20 (Month) (Day) (Year)

8. AGE: Years 85 Months 10 Days 29 If less than one day  
hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name George Mumford  
13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Sarah Bowler  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Charlie Adams  
(b) Address King City Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof Jan 21 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Lower Mo

18. (a) Signature of funeral director Lucile M. Wilson  
(b) Address King City, Mo

19. (a) Jan 25 1944 (Date received local registrar) (b) H. M. Mott (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Yentry  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 19  
year 1944 hour 5 minute 15 A.M.  
21. I hereby certify that I attended the deceased from Jan 10 to Jan 19  
that I last saw her alive on Jan 18 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia

Due to

Due to Arteriosclerosis  
Other condition Disseminated Sclerosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

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) (c) Means of injury

23. Signature Frank Barnes & Co. (M. D. or other)  
Address King City, Mo Date signed 1/19/44

Jan 25 1944 1108 (Licensed Embalmer's Statement on Reverse Side)

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

**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..... *Lucile M. Wilson* .....

Licensed Embalmer No. *2830* .....

P. O. Address..... *Kemp City, 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.**