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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 19 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3679

Registration District No. 241 — Primary Registration District No. 4360 — Registrar's No. 89

1. PLACE OF DEATH:
(a) County NEW MADRID
(b) City or town PORTAGEVILLE (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6th St. + Huffman Avenue. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether) In this community 40 YEARS. (years, months or days)

2. USUAL RESIDENCE OF DECEASED: 29
(a) State MISSOURI (b) County NEW MADRID
(c) City or town PORTAGEVILLE (If outside city or town limits, write "RURAL") O
(d) Street No. 6th + Huffman (If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME LUVICY ANN ADAMS
3. (b) If veteran, name war No.
3. (c) Social Security No. NONE.

4. Sex FEMALE | 5. Color or race WHITE | 6. (a) Single, widowed, married, divorced 2 WIDOWED
6. (b) Name of husband or wife AL ADAMS
6. (c) Age of husband or wife if alive DECEASED years
7. Birth date of deceased MARCH (Month) 27 (Day) 1859 (Year)

8. AGE: Years 84 | Months 8 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace UNKNOWN (City, town, or county) KENTUCKY (State or foreign country)
10. Usual occupation RETIRED HOUSE WIFE
11. Industry or business ABOVE
MOTHER FATHER
12. Name UNKNOWN GOODMAN
13. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)
16. (a) Informant MRS. LILLIE MATHIS
(b) Address WARDELL, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Dec 26-43 (Month) (Day) (Year)
(c) Place: burial or cremation PORTAGEVILLE
18. (a) Signature of funeral director DAY FUNERAL HOME
(b) Address MALDEN MO.
19. (a) Dec 26-43 (Date received local registrar) (b) Edith Largent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24
year 1943 hour 10 minute 50 P.M.
21. I hereby certify that I attended the deceased from June 1937, 19__, to Dec 24, 1943
that I last saw h alive on Dec 22, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio-respiratory failure	2 mins.
Due to: Arteriosclerosis	
Due to: Heart Disease	20 yrs.
Other conditions (Include pregnancy within 3 months of death): none	
Major findings: Of operations: none	
Of autopsy: none	

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 L. C. Conrad (M. D. or other) M.D.
Address Portageville, Mo. Date signed Dec 25-43

1187

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 144-147
Date Filed 1-13-44

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 J. D. Lehman

Licensed Embalmer No. 4086

P. O. Address Malden

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.