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5-17-39  
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JAN 10 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4651

Registration District No. 340

Primary Registration District No. 6152

Registrar's No. 50

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

1. PLACE OF DEATH:  
 (a) County Stoddard  
 (b) City or town Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Luke's Hospital  
 (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

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Stoddard  
 (c) City or town Campbell 103  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Rola Nevada Adams  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan day 1  
 year 1944 hour 7 minute 30 P.M.  
 21. I hereby certify that I attended the deceased from 10-7-43  
 to 1-1-44  
 that I last saw her alive on Jan 1 1944  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Delmer Adams 6. (c) Age of husband or wife if alive 23 years  
 7. Birth date of deceased DEC 6 1919  
 (Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia Duration 48 Hrs

8. AGE: Years 24 Months - Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Diabetes Mellitus 3 yrs  
 (Include pregnancy within 3 months of death)

9. Birthplace Mo. (City, town, or county) \_\_\_\_\_ (State or foreign country) 0  
 10. Usual occupation Housewife  
 11. Industry or business Home  
 12. Name Charles Walker  
 13. Birthplace Mo. (City, town, or county) \_\_\_\_\_ (State or foreign country) 0  
 14. Maiden name Admie Whitehead  
 15. Birthplace Mo. (City, town, or county) \_\_\_\_\_ (State or foreign country) 0

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy 61  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Husband Delmer Adams  
 (b) Address Bernie Mo.  
 17. (a) Burial (b) Date thereof 1 3 44  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Bethany  
 18. (a) Signature of funeral director Bethany Funeral Home  
 (b) Address Campbell Mo.  
 19. (a) 1-2-44 (b) Cordie Miller  
 (Date received local registrar) (Registrar's signature)

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?  
 \_\_\_\_\_ (Specify type of place)  
 While at work? \_\_\_\_\_ (a) Means of injury 2  
 23. Signature F O Kelly D.O. (D.O. or other) \_\_\_\_\_  
 Address Bernie Mo. Date signed 1-2-44

RECEIVED

District Health Office No. 2,

District File Number 144-52

Date Filed 1-7-44

SEP 10 1943

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. 42257

working under my personal supervision.

Signed.....*Christina M. Lucrese*

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, fact should be so stated above.**