

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6754

FILED MAR 10 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 3010

Registrar's No. 78.

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
In this community 3 Months (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Ada A. Adams

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married 3 divorced
divorced divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 31 - 1903
(Month) (Day) (Year)

8. AGE: Years 40 Months 6 Days 26 If less than one day hr. _____ min. _____

9. Birthplace Egypt Mills Mo.
(City, town or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John H. Hannebrink

13. Birthplace Cape Girardeau Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Lezesa Harris

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

16. (a) Informant Mrs. H. F. Bode

(b) Address Cape Girardeau Mo.

17. (a) Burial (b) Date thereof Mar 1 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Walthers Und. Co.

(b) Address Cape Girardeau Mo.

19. (a) 2-29-44 (b) F. V. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 337 Thomas St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 27
year 1944 hour 7 minute 10 p. M.

21. I hereby certify that I attended the deceased from 2-15, 1944, to 2-27, 1944
that I last saw OR alive on 2-27, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Valvular Disease
Due to _____
Due to _____

Other conditions Nephritis Ch
(Includes pregnancy within 3 months of death)

Major findings: Of operations 1318
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 7

23. Signature Adams (M. D. or other) 78
Address Cape Girardeau Date signed 2-29-44

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

RECEIVED

District Health Officer No. 4
District File Number 344-354
Date Filed 3-9-44

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

Virgil H. Kelch

Licensed Embalmer No.

4102

P. O. Address

Cape Girardeau, 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.