

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

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DEPARTMENT OF COMMERCE
OF THE STATE OF MISSOURI
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10259

State File No.

Registration District No. 1944 Primary Registration District No. 5014

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town North Avenue City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Rural Jefferson Surg.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 years
(Specify whether years, months or days)

In this community 50 years

3. (a) PRINT FULL NAME Mrs. Mary Viola 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 Melvin C. Adams 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased January 16, 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>2</u>	<u>6</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER

12. Name James Wiley Morgan

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

14. Maiden name Unknown Unknown

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

16. (a) Informant Roy Herbert Adams

(b) Address Savannah, Missouri

17. (a) Burial (b) Date thereof Mar. 26, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director Mrs. E. R. Sidway

(b) Address 602 South 10th Street

19. (a) 3-25-44 (b) J. H. Fritchman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 2

(c) City or town North Avenue City
(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 MARCH day 22
year 1944 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from July 12
1943 to March 20, 1944
that I last saw her alive on March 20
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer (Epidermoid Carcinoma) of Esophagus
Duration Unknown

Due to.....

Due to.....

Other conditions Hypostatic Pneumonia 4 weeks
(Include pregnancy within 6 months of death)

Major findings:
Of operations..... H&bd

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) (e) Means of injury.....

23. Signature W. G. Gosley (M. D. or other) W. G. Gosley

Address Losley, Missouri Date signed 3/24/44

1072

(Licensed Embalmer's Statement on Reverse Side)

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

Mollie E. Sidenfaden

Licensed Embalmer No.

4235

P. O. Address.

St Joseph, 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.