

FILED APR 10 1944

Registration District No. **168**

Primary Registration District No. **5611**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Johnson**
(b) City or town **Rural Post Oak Twp**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Warrensburg, Mo. R.F.D. #3**
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution **No**
(Specify whether
In this community **43 Yrs.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Warrensburg, Mo. R.F. # 3**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **1**

3. (a) PRINT FULL NAME **Maggie Mack Adams**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **C. H. Adams** 6. (c) Age of husband or wife if alive **Deceased** years

7. Birth date of deceased **Nov. 7 1858**
(Month) (Day) (Year)

8. AGE: Years **85** Months **4** Days **22** If less than one day hr. min.

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

10. Usual occupation **Housekeeper**

MOTHER FATHER 11. Industry or business

12. Name **Unknown**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **William Burford**
(b) Address **Warrensburg, Mo.**

17. (a) **Burial** (b) Date thereof **3-31-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Adams Cemetary**

18. (a) Signature of funeral director **Sweeney Phillips**
(b) Address **Warrensburg, Mo.**

19. (a) **4-2-44** (b) **R.A. Brauning**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **29**
year **1944** hour **5** minute **15 p.m.**

21. I hereby certify that I attended the deceased from **Oct 1943** to **3-29 1944**
that I last saw her alive on **3-26 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumo-pneumonia** Duration **3 weeks**

Due to

Due to

Other conditions (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) (e). Means of injury

23. Signature **R. Lee Cooker** (M. D. or other) **MD**
Address **Warrensburg Mo** Date signed **3-30-44**

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

1026

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.....

R. A. Phillips

Licensed Embalmer No.....

2320

P. O. Address.....

Warrensburg

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.