

0. 2  
8-43  
7-39  
X37623

18000

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUN 18 1944  
Registration District No. \_\_\_\_\_

Primary Registration District No. 2000

Registrar's No. 448

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:  
Springfield Baptist Hosp  
(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: Ozark

(a) State Missouri (b) County Bohannon

(c) City or town Longrun, Rural  
(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 Bertha Ellen Jane Adams

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24  
year 1944 hour 8 minute 30 P.M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ed Adams

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased June 1, 1901  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 23, 1944 (4:50 A.M.) to May 24, 1944  
that I last saw her alive on May 24, 1944  
and that death occurred on the date and hour stated above.

| 8. AGE:                             | Years     | Months    | Days      | If less than one day |
|-------------------------------------|-----------|-----------|-----------|----------------------|
| <input checked="" type="checkbox"/> | <u>42</u> | <u>11</u> | <u>23</u> | hr. _____ min. _____ |

Immediate cause of death Lobar Pneumonia  
since May 14<sup>th</sup> 1944, 10 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

10. Usual occupation Housewife

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Henry Simpson

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

14. Maiden name Cassey Huneycutt

15. Birthplace Ozark County, Missouri  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Ed Adams

(b) Address Longrun, Missouri

17. (a) Burial (b) Date thereof 5-30-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Welch

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? \_\_\_\_\_

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) 5-27-44 (b) B. W. Handley  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature C. B. Collins (M. D. or other) \_\_\_\_\_  
Address Springfield, Mo Date signed 5/27/44

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

JUN 22 1944

---

---

**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 W.B. Lutherson

Licensed Embalmer No. 3431

P. O. Address One Two

**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.**

X