DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22700

Registration District No. 2 4 4 — Primary Registration District No. 6175 — Registrar's No.

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

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Rural — Liberty Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
near Harris, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 1 yr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan
(c) City or town Rural 1050
(If outside city or town limits, write "RURAL")
(d) Street No. near Green City 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME DIANA KATHRYN ADAMS
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex F 1 | 5. Color or race W | 6. (a) Single, widowed, married, divorced S. 0

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased 1 (Month) 20 (Day) '43 (Year)

8. AGE: Years	Months	Days	If less than one day
1	5	6	hr. min.

9. Birthplace Clarinda (City, town, or county) Iowa 1 (State or foreign country)
10. Usual occupation ✓
11. Industry or business ✓

FATHER
12. Name Harold Adams
13. Birthplace (City, town, or county) Iowa 1 (State or foreign country)

MOTHER
14. Maiden name Opal Hampton
15. Birthplace Sullivan Co (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Archie Hampton
(b) Address Harris Mo
17. (a) Funeral (Burial, cremation, or removal) (b) Date thereof 6-29-44 (Month) (Day) (Year)
(c) Place: burial or cremation Green Hill Cem
18. (a) Signature of funeral director Blevins & Reed Son
(b) Address Green City, Mo
19. (a) (Date received local registrar) (b) (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1944 hour minute P M.
21. I hereby certify that I attended the deceased from June 25, 19 44 to June 26, 19 44
that I last saw her alive on June 26, 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Peritonitis	
Due to	
c	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

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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? (Specify type of place)
While at work? — (e) Means of injury —

23. Signature U. S. Bradley O (M. D. or ~~other~~)
Address Harris, Mo. Date signed 6/29/44

(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 Archie W Wade

Licensed Embalmer No. 3037

P. O. Address Green City, 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.

. S. No. 2B
10M—5-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. July 48

Registration District No. 348 Primary Registration District No. 6175 Registrar's No. 48

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Rural Liberty Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan
(c) City or town 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 Diana K. Adams
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan 20 (Month) (Day) (Year)
8. AGE: Years 1 Months 0 Days If less than one day hr. min.
9. Birthplace (City, town, or county) Iowa (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) July 20 44 (Date received local registrar) (b) Greta Caldwell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January year 1944 hour about 4 minute P.M.
21. I hereby certify that I attended the deceased from ..., 19..; that I last saw h... alive on ..., 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Peritonitis	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. S. Bradley (M. D. or other)
Address Hamo, Mo Date signed 6-6-44

SUPPLEMENTARY

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

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