

FILED OCT 30 1944

Registration District No. 310

Primary Registration District No. 6254

Registrar's No.

1. PLACE OF DEATH:

(a) County WAYNE  
(b) City or town WOOD (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 1 (Specify whether)  
In this community 59 yr. years, months or days

3. (a) PRINT FULL NAME LILLIE 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, divorced MARRIED  
6. (b) Name of husband or wife NEWTON ADAMS 6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased JUNE 8 1885 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 2 24 2 hr. - min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

12. Name LOUIS JOHNSON

13. Birthplace BERMINGHAM ALA. (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 HARRY THOMAS JOHNSON

(b) Address 626 E. DONALD AVE., FLINT MICH.

17. (a) BURIAL (b) Date thereof SEP 6 1944 (Month) (Day) (Year)

(c) Place: burial or cremation WOOD CEM.

18. (a) Signature of funeral director W. J. Smith

(b) Address Birmingham Ala

19. (a) SEP 11-1944 (Date received local registrar) May Bennett (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County WAYNE 111  
(c) City or town WOOD (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 -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2 year 1944 hour 4 minute 30 AM

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

Immediate cause of death Cerebral Hemorrhage Duration

Due to 830

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 C. J. Johnson (M. D. or other) Address Prichard Miss Date signed 9.6.44

NOV 1 1944

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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.....

*Norman W. Gish*

Licensed Embalmer No. 3387

P. O. Address Piedmont, N.C.

**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.**