

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39105

State File No.

Registrar's No. 18

FILED DEC 3 1944
Registration District No. 379

Primary Registration District No. 6287

1. PLACE OF DEATH:

(a) County WRIGHT
(b) City or town PIRASANT VALLEY TWP - RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 MILES W. OF MANSFIELD
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 4 YEARS
years, months or days)

3. (a) PRINT FULL NAME

John Adney

3. (b) If veteran,
name war. NON

3. (c) Social Security
No. NON

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married,
divorced MARRIED
6. (b) Name of husband or wife ELLA ADNEY
6. (c) Age of husband or wife if
alive 46 years
7. Birth date of deceased OCT 2 1882
(Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 19
If less than one day
hr. min.

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

10. Usual occupation FARMER

11. Industry or business

12. Name William Adney
13. Birthplace NOT KNOWN
(City, town, or county) (State or foreign country)
14. Maiden name ELIZA ADNEY
15. Birthplace NOT KNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Ellie Adney

(b) Address MANSFIELD MO

17. (a) BURIAL (b) Date thereof Nov. 23 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PRAY GAP Cem.

18. (a) Signature of funeral director G. A. Steffe

(b) Address MANSFIELD MO

19. (a) Nov. 23 1944 (b) S. L. Hensley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WRIGHT
(c) City or town MANSFIELD - RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. PIRASANT VALLEY TWP.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21
year 1944 hour 2 minute 16 P. M.

21. I hereby certify that I attended the deceased from 22 Of Oct,
19 44 to nov 20, 19 44,
that I last saw him alive on NOV 20, 19 44,
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac heart failure

Due to Cardiac Asthma
& anasarka dropsy

Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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).....
Means of injury.....

23. Signature Sam Y. Kilgus (M. D. or other).....
Address Mansfield Date signed Nov 22

(Licensed Embaumer's Statement on Reverse Side)

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

MOTHER FATHER

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

Frederick Steffen

Licensed Embalmer No. *3221*

P. O. Address *Myanfield, 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3 91057
Registrar's No. 18

Registration District No. 379

Primary Registration District No. 6287

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Pringle Pleasant Valley
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Surf
(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

3. (a) PRINT FULL NAME

John Adney
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased Oct 2 1880
(Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 17 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Nov 23, 1944 (b) L. L. Hensley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 Nov day 23
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 D. M. V. Kilgore (M. D. or other) _____

Address Manassas, Md. Date signed 11-23-44

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

SUPPLEMENTARY

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

39105