

FILED JAN 13 1945

Registration District No. 2185

Primary Registration District No. 5783

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Miller  
(b) City or town Rural Richwoods  
(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  
In this community. Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Miller  
(c) City or town Rural  
(d) Street No. Iberia - R#1  
(e) Citizen of foreign country? no  
If yes, name country

3. (a) PRINT FULL NAME MARTHA JANE ADAMS

3. (b) If veteran, name war no  
3. (c) Social Security No. 420

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife James F. Adams 6. (c) Age of husband or wife if alive - years  
7. Birth date of deceased Feb 11 1859  
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 21  
If less than one day hr. min.

9. Birthplace Brunley MO 19  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

12. Name Clifford Bartow  
13. Birthplace Kentucky  
14. Maiden name Margaret Barnett  
15. Birthplace Kentucky

16. (a) Informant Dora Keeth  
(b) Address Iberia Mo  
17. (a) Burial (b) Date thereof 12-2-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Iberia Mo. R#1

18. (a) Signature of funeral director Ch. Boney  
(b) Address Iberia Mo  
19. (a) 12-3-44 (b) Jessie Perkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1  
year 1944 hour 5 minute 9 M.

21. I hereby certify that I attended the deceased from Dec. 28, 1944 to Dec. 1, 1944  
that I last saw her alive on Oct 10, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Toxemia from bed sores  
Due to Cerebral hemorrhage (apoplexy)  
Due to

Duration

3 months  
11 months

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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) (c) Means of injury

23. Signature Myron J. Jones (M. D. or other) DO  
Address Brunley, Mo Date signed 12-2-44

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

MOTHER FATHER

RECEIVED

Miller County Health Dep't.

County File Number 1-8-85

Date Filed 4-5-9

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 Chasey.....

Licensed Embalmer No. 2694.....

P. O. Address Arma, 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.