

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42350

State File No.

FILED DEC 18 1944

Registration District No. 378

Primary Registration District No. 6284

Registrar's No.

1. PLACE OF DEATH:

(a) County Wayne
(b) City or town Lodi *Cedar Lake*
(c) Name of hospital or institution: *Surp*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1
(Specify whether 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 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 66
7. Birth date of deceased June 8 1888
(Month) (Day) (Year)

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

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Louis Johnson

13. Birthplace Birmingham, Ala. (State or foreign country)

14. Maiden name Unknown (State or foreign country)

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

16. (a) Informant Harry Thomas Johnson

(b) Address 626 McDonald Ave. Flint, Mich.

17. (c) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 6, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Lodi Cem.

18. (a) Signature of funeral director W. Gish

(b) Address Piedmont, Mo.

19. (a) Oct. 2 1944 (Date received local registrar) (b) Greg Bernier (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne
(c) City or town Lodi (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from Sept. 2 - 1944 to Sept. 2 1944
that I last saw him alive on Sept. 2 - 1944
and that death occurred on the date and hour stated above.
Immediate cause of death: Cerebral hemorrhage

Due to 55

Due to 830

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 0

23. Signature Ed Jones, M.D. (M. D. or other)

Address Piedmont, Mo. Date signed 10-24-48

(Licensed Embalmer's Statement on Reverse Side)

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

1222

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.....

Licensed Embalmer No.....

P.O. Address.....

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.