

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 13 1945

Registration District No. 70

Primary Registration District No. 4124

Registrar's No. 17

1. PLACE OF DEATH: Clark
 (a) County Clark
 (b) City or town Kahoka
 (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 _____
 years, months or days)

3. (a) PRINT FULL NAME Hannah J. Adams
 3. (b) If veteran, name war _____ No. _____
 3. (c) Social Security No. _____

4. Sex F. W. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Fred H. Adams 6. (c) Age of husband or wife if alive 77 years
 7. Birth date of deceased Feb 19 1868
 (Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 18 If less than one day
 hr. _____ min. _____

9. Birthplace Crawford Co Wisconsin
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
 12. Name Daniel Salyers
 13. Birthplace Wisconsin
 (City, town, or county) (State or foreign country)
 14. Maiden name Isabel Hartshorn
 15. Birthplace Wisconsin
 (City, town, or county) (State or foreign country)

16. (a) Informant Fred H. Adams
 (b) Address Kahoka Mo.

17. (a) Burial (b) Date thereof 1-9-45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kahoka Cemetery

18. (a) Signature of funeral director Fred J. Karle

(b) Address Kahoka Mo.

19. (a) 1-23-45 (b) Peniel Eaton
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Clark
 (c) City or town Kahoka
 (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 Jan day 7
 year 1945 hour 1 minute 30 P M.
 21. I hereby certify that I attended the deceased from Jan 1 1945 to Jan 7 1945
 that I last saw him alive on _____ 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Tuberculosis
 Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death)
 Major findings: 13/4
 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 9

23. Signature J. R. Bridges (M. D. or other)
 Address Kahoka Mo. Date signed 1-24-45

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

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

3
1
0

12-13

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District No. 10

District File Number 2-45-326

Date Filed FEB 11 1945

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. 1023

P. O. Address Kahoka 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.