S. No. 2
0M—2-43
v. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1945

Registration District No. 75

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3015

State File No. 5392

Registrar's No. 4

1. PLACE OF DEATH:
(a) County: Clinton
(b) City or town: Cameron, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXXX (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Clinton
(c) City or town: Cameron
(If outside city or town limits, write "RURAL")
(d) Street No.: So. Cherry
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: X-XXX

3. (a) PRINT FULL NAME: Ida Adams,
3. (b) If veteran, name war: no
3. (c) Social Security No. none
4. Sex: F.
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Dead
6. (c) Age of husband or wife if alive: Dead years
7. Birth date of deceased: AUGUST (Month) 2 (Day) 1866 (Year)

8. AGE: Years 78 Months 5 Days 7 If less than one day hr. min.

9. Birthplace: Galva, (City, town, or county) Ill. (State or foreign country)
10. Usual occupation: Housework
11. Industry or business: in home

MOTHER FATHER
12. Name: Nelson Firkins,
13. Birthplace: Kayuga Co. (City, town, or county) N. Y. (State or foreign country)
14. Maiden name: Mary Keeler
15. Birthplace: Kent. (City, town, or county) England. (State or foreign country)

16. (a) Informant: Mrs Joe Lohman
(b) Address: Cameron, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 11, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Hamilton, Mo. Cem.
18. (a) Signature of funeral director: [illegible]
(b) Address: Cameron, Mo.
19. (a) 1-11-45 (Date received local registrar) (b) Mrs. Kathleen Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8th. year 1945 hour 11 minute 05 P.M.
21. I hereby certify that I attended the deceased from Oct 17, 1944, to Jan 5, 1945; that I last saw he alive on Jan 5, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Angina Pectoris	2hrs.
Due to: Chronic Myocarditis	6 yrs
Due to: Arteriosclerosis	12 yrs.
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: C. L. Compton (M. D. or other) DO.
Address: Cameron, Mo. Date signed 1/9/45

(Licensed Embalmer's Statement on Reverse Side)

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 O. Moore

Licensed Embalmer No. 1180

P. O. Address Cameron, 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.