

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 24 1945
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 89

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
807 South Monroe
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution four years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Mattie L. Adams
3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Samuel H. Adams 6. (c) Age of husband or wife if alive died 1939
7. Birth date of deceased March 23, 1888
(Month) (Day) (Year)

8. AGE: Years 57 Months 0 Days 8 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Leonard Langdon
13. Birthplace unknown INDIANA
(City, town, or county) (State or foreign country)
14. Maiden name Mary Hishman
15. Birthplace unknown INDIANA
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Susanna Homan (dau.)

(b) Address Otterville, Mo.

17. (a) Burial (b) Date thereof 3/3/45
(Burial, cremation, or removal) (Month, day, year)

(c) Place: burial or cremation I.O.O.F. Cemetery
Otterville, Mo.

18. (a) Signature of funeral director Edw. Ewing

(b) Address Sedalia, Mo.

19. (a) 4/3/45 (b) Mrs. Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 807 South Monroe
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 30 year 1945 hour 11.35 minute P.M.

21. I hereby certify that I attended the deceased from Mar 20, 45 to Mar 31, 45
that I last saw her alive on Mar 31, 1945
and that death occurred on the date and hour stated above

Immediate cause of death Coronary Arteriosclerosis Duration _____

Due to myocarditis

Due to infected leg from recent injury to R. Leg

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

Major findings: Of operations _____

Of autopsy 10/18

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) suicide - 1939

(b) Date of occurrence Feb. 18 - 1945

(c) Where did injury occur? Sedalia, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

None fell from porch (Specify type of place)

(e) Means of injury as above

23. Signature J. B. Hutchins (M. D. number) _____

Address Sedalia, Mo. Date signed 4/1/45

RECEIVED

District Health Officer No. 88

District File Number

Date Filed 4/23/45

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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:

working under my personal supervision.

Registered Apprentice No.

Signed

Quane Ewing

Licensed Embalmer No.

P.O. Address

3847 Sedalia 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.