

FILED APR 19 1945

Registration District No. 323

Primary Registration District No. 3074

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Sikeston
(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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether in this community _____ years, months or days) 5 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott ¹⁰⁰

(c) City or town Sikeston
(If outside city or town limits write "RURAL") 2

(d) Street No. Smith add
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME BUELAH LEE ADAMS

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16 year 1945 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from 2/16/45, 1945, to 2/16/45, 1945; that I last saw her alive on 2/16/45, 1945; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife Bob 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 21, 1944
(Month) (Day) (Year)

Immediate cause of death Bronchial Pneumonia Duration _____

8. AGE: Years _____ Months 2 Days 16 If less than one day hr. _____ min. _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

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

10. Usual occupation Baby

Major findings: Of operations _____

Of autopsy 107

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

11. Industry or business _____

12. Name Ernest Adams

13. Birthplace Marion Ill
(City, town, or county) (State or foreign country)

14. Maiden name Alda Mae Jenkins

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

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? _____

16. (a) Informant Ernest Adams

(b) Address Morehouse Mo

17. (a) Burial (b) Date thereof 2-17-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carpenter

(Specify type of place) _____

While at work? _____ (e) Means of injury 2

23. Signature W. L. Melonell (M. D. or other) DD

Address Sikeston Mo Date signed 4/16/45

18. (a) Signature of funeral director W. L. Melonell

(b) Address Sikeston Mo

19. (a) 4/7/45 (b) Louis Largent
(Date received local registrar) (Registrar's signature)

1318

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

RECEIVED

District Health Office No. 2,

District File Number

445-604

Date Filed

4/14/45

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.....

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.