S. No. 2
M—5-42
. 5-17-39
1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19949

FILED JUL 1 04 1945

Registration District No. 3007

Primary Registration District No. 3007

Registrar's No. 177

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 339 North Main
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")

(d) Street No. 339 N. Main
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Martha Jane Adams

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Geo W. Adams

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Jan (Month) 29 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
76	4	24	..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name L. E. M. Newlin
13. Birthplace ..... (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Louise Jane Adams
15. Birthplace ..... (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Mrs. B.F. Lyles
(b) Address Poplar Bluff, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/45 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Greer Croy & Fitch
(b) Address Poplar Bluff, Mo.

19. (a) 6-29-45 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1945 hour 8 minute 25 P. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....;
that I last saw her alive on ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Asphyxiation	
Due to Cardiac failure	
Due to Bronchial pneumonia	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy 108

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 A. D. Markel (M. D. or other)
Address Poplar Bluff, Mo. Date signed 6-28-45

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 745-898
Date Filed 7-6-45

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~~ .....

....., ~~Registered Apprentice No~~ .....,

~~working under my personal supervision.~~

Signed Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.