. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 4 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30051

Registration District No. 15 Primary Registration District No. 5070 Registrar's No.

1. PLACE OF DEATH:

(a) County Barton (Milford)
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barton 6
(c) City or town Rural - C
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SARAH ELLEN ADAMS

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife David Adams
6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Oct (Month) 1 (Day) 1873 (Year)

8. AGE: Years 71 Months 11 Days 3 If less than one day hr. min.

9. Birthplace McLean County (City, town, or county) Ill. (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name George B. Teal
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Mary F. Grinter
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Charlie Adams
(b) Address Lamar Mo R. 3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 6 - 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Howell Cemetery

18. (a) Signature of funeral director G. B. Beeny & Sons
(b) Address Sheldon, Mo.

19. (a) SEP 5 - 1945 (Date received local registrar) (b) Marie Konantz (Registrar's signature)

1415

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4
year 1945 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from August 26, 1945, to Sept. 4, 1945
that I last saw her alive on Sept. 2, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Malignant tumor	
Due to of ovary	1 year
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 56	
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) no
(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 Dr Guldner (M. D. ~~or other~~)
Address Lamar Mo Date signed 9-4-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6;
District File Number 1045-997
Date Filed OCT 2 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 Carroll T. Berry

Licensed Embalmer No. 2385

P. O. Address Sheldon 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.