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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1946

Registration District No. 53

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40775

Primary Registration District No. 3010

Registrar's No. ~~114~~ 441

1. PLACE OF DEATH:

(a) County: Cape Girardeau

(b) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 515 North Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: ----------
In this community: 45 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cape Girardeau

(c) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL")

(d) Street No.: 515 North Street
(If rural, give location)

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

If yes, name country: ----------

3. (a) PRINT FULL NAME: Emily Adams

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

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

4. Sex: Female

5. Color or race: Negro

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

6. (b) Name of husband or wife: Edward Adams

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

7. Birth date of deceased: January 17, 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
84	11	10	hr. ____ min.

9. Birthplace: Randolph County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Domestic

11. Industry or business: ----------

MOTHER FATHER

12. Name: Sam Daugherty

13. Birthplace: Unknown
(City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: Pricilla Douglass

15. Birthplace: Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Edna Adams

(b) Address: 515 North St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 31, 1945
(Month) (Day) (Year)

(c) Place: burial or cremation: Fairmont Cemetery

18. (a) Signature of funeral director: F. J. Sparks

(b) Address: Cape Girardeau, Mo

19. (a) 1-4-1946 (Date received local registrar) (b) C. C. Bummer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: December day: 27
year: 1945 hour: 11 minute: 30 P. M.

21. I hereby certify that I attended the deceased from 12/26/45 to 12/27/45, 19__, that I last saw h__ alive on 12/27/45, 19__, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia (Lobar)	
Due to	
Due to	
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: [illegible] (M. D. or other)

Address: Cape Girardeau Date signed: 1/3/46

(Licensed Embalmer's Statement on Reverse Side)

FEB 1 1950

RECEIVED

District Health Officer No. 4

District File Number 146-1519

Date Filed 1-7-46

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 Frank Sparks

Licensed Embalmer No. 3435

P. O. Address Cape Girardeau 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.