

State File No. 40776

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 409

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: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community 1 day

3. (a) PRINT FULL NAME Della Adeock

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife Samuel L. Adeock 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Sept 12 1899
(Month) (Day) (Year)

8. AGE: Years 46 Months 2 Days 26 If less than one day hr. min.

9. Birthplace Gipson Co Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation h.w.f.

11. Industry or business

12. Name William Bell
13. Birthplace Gipson Co Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Martin
15. Birthplace Tipton Co Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Lula Bell
(b) Address Portageville, Mo

17. (a) Burial (b) Date thereof 12-9-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Portageville, Mo

18. (a) Signature of General Director Wm. H. Lusk
(b) Address Portageville, Missouri

19. (a) 12-11-1945 (b) C. C. Drummond
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pemiscot
(c) City or town Wardell Mo.
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8
year 1945 hour 4 minute 55 P. M.

21. I hereby certify that I attended the deceased from Dec 8 1945 to Dec 8 1945
that I last saw h. or alive on Dec 8 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration 3 weeks
Due to Cerebral sclerosis

Due to
Other conditions no
(Include pregnancy within 3 months of death)

Major findings: Of operations § 30
Of autopsy Cerebral apoplexy
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature P. G. Ritter (M. D. or other)
Address Cape Girardeau Mo Date signed 12-8-45

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4
District File Number 146-1488
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 ✓
✓ working under my personal supervision.

Signed

Registered Apprentice No. 1

Licensed Embalmer No. 4386

P. O. Address

Partageville, 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.