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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12804

Registration District No. 120 Primary Registration District No. 4194 Registrar's No. 38

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

1. PLACE OF DEATH:
(a) County Gentry
(b) City or town Albany (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)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gentry 38
(c) City or town Albany (If outside city or town limits, write "RURAL") 1
(d) Street No. (If rural, give location) 0 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Allie Sue Adams
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 26 (Day) 1934 (Year)
8. AGE: Years 11 Months 9 Days 13 If less than one day hr. min.
9. Birthplace Albany (City, town, or county) Mo 1 (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name Wood Adams
13. Birthplace Gentry Co (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Ruth Jones
15. Birthplace Gentry Co (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Wood Adams
(b) Address Albany Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 11-46 (Month) (Day) (Year)
(c) Place: burial or cremation Grayling
18. (a) Signature of funeral director Clifford Brooks
(b) Address Albany Mo
19. (a) April 12-1946 (Date received local registrar) (b) Hanna N. Webster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9 year 1946 hour 4 minute 0.10 P M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Accidental Concussion of brain - broken left leg
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

22. If death was due to external causes, fill in the following:
(a) Accident, ~~suicide~~, or ~~homicide~~ (specify) Accident. 3
(b) Date of occurrence 4-9-46 0
(c) Where did injury occur? Albany (City or town) Gentry (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public road. (Specify type of place)
While at work? (e) Means of injury 2
23. Signature Charles N Williamson Co Coroner (M.D. or other)
Address Gentry Mo Date signed 4-10-46

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(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Me

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

working under my personal supervision.

Signed Clifford Burke

Licensed Embalmer No. 3329

P. O. Address Albany Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. May

Registration District No. 120 Primary Registration District No. 494 Registrar's No. 38

1. PLACE OF DEATH:
(a) County Gentry
(b) City or town Albany
(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)
(d) Length of stay: In hospital or institution
In this community
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Allie S. 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 S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 26 (Month) (Day) (Year)
8. AGE: Years 11 Months 9 Days 13 If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 9 year 1946 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Accident auto
Run in front of truck
Due to Collision with truck
on state maintained highway
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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) Accident
(b) Date of occurrence April 9-1946
(c) Where did injury occur? Albany (City or town) Gentry (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public road (Specify type of place)
While at work? on road from school (e) Means of injury Accident auto
23. Signature Charles N Williamson (M. D. or other) DO
Address Gentry Mo Coroner Gentry Co Date signed 5-17-46

SUPPLEMENTARY

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

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