

FILED JUN 7 1946

Registration District No. 212

Primary Registration District No. 5779

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Eldon (Rural) Franklin
(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 _____

3. (a) PRINT FULL NAME Louise B. Adams

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 Widowed
6. (b) Name of husband or wife John W. Adams 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 10 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 1 19 hr. _____ min.

9. Birthplace Milton Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Julius H. Volker

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

14. Maiden name Lucy Farrow

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

16. (a) Informant Mrs. Stella Adams

(b) Address Napierville, Illinois

17. (a) Burial (b) Date thereof 5-2-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia, Missouri

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address Eldon, Missouri

19. (a) May 2, 1946 (b) Alvonnetha Walt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller 66
(c) City or town Eldon (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Franklin Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1946 hour 6 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to 4/18/46, 1946
that I last saw him alive on 4/27/46
and that death occurred on the date and hour stated above. 1946

Immediate cause of death Chronic Coma 3 day
Due to Chronic Nephritis 2

Due to _____

Other conditions (Include pregnancy within 3 months of death) 318

Major findings: Of operations _____

Of autopsy _____

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 G. D. Walters (M. D. or other) M.D.
Address Eldon Mo Date signed 5/2/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

16298

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-5-46

JUN 10 1946

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.....

Louis D. Phillips, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Louis D. Phillips
Licensed Embalmer No. 3663

P. O. Address Bedon

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.