S. No. 2
DM—5-43
v. 5-17-39
o I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23290

FILED JUL 29 1946

Registration District No. ____ Primary Registration District No. 30/9542 2 Registrar's No. 146

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

22056

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett (Rural) Ind. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether In this community years, months or days) 3 Mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Dunklin
(c) City or town Kennett (If outside city or town limits, write "RURAL")
(d) Street No. 403 Harrison (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Noah Solomon Adberson
3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Jan 14 1880 (Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 29 If less than one day ____ hr. ____ min.

9. Birthplace Bloomfield (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business ____

FATHER
12. Name John Adberson
13. Birthplace Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Hahn
15. Birthplace Unknown (City, town, or county) Mo (State or foreign country)

16. (a) Informant Jno. Barnett
(b) Address Malden R-1 Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-46 (Month) (Day) (Year)
(c) Place: burial or cremation Lutten Cem
18. (a) Signature of funeral director Lutten Funeral Co
(b) Address Kennett Mo.
19. (a) 7-13-46 (Date received local registrar) (b) Earl Hustead (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1946 hour 7 minute 30 A. M.
21. I hereby certify that I attended the deceased from July 3 1946, 19__ to July 13 1946, that I last saw h. 5. alive on July 12 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Haemorrhage	
Due to Carotid Renal Cerebral Thrombosis	
Due to ____	
Other conditions (Include pregnancy within 3 months of death) ____	
Major findings: Of operations Anasarca Temperature Paralysis 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 James L. Lofton M. D. (M. D. or other)
Address Kennett Mo Date signed 7-15-46

90 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 146-88
Date Filed 1-22-46

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.