

FILED SEP 24 1946

Registration District No. 241

Primary Registration District No. 4360

State File No.

Registrar's No.

25

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Portageville, Mo.
(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 about 50 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Matilda 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 Frank Adams 6. (c) Age of husband or wife if alive died years 18 1855

7. Birth date of deceased (Month) 3 (Day) 18 (Year) 1855

8. AGE: Years 91 Months 3 Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Housewife

11. Industry or business _____

12. Name Gross

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

14. Maiden name Unknown

15. Birthplace 11 (City, town, or county) (State or foreign country)

16. (a) Informant Kith Adams

(b) Address Portageville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-46 (Month) (Day) (Year)

(c) Place: burial or cremation Portageville Mo. Cemetery

18. (a) Signature of funeral director James A. Leake

(b) Address Portageville, Mo.
19. (a) 7-18-46 (Date received local registrar) (b) Ellen DeLisle (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County New Madrid
(c) City or town Portageville, Mo. 7.
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Old age Duration _____

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy No. 162K

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 Car over
23. Signature James A. Leake (M.D. or other) 3
Address New Madrid, Mo. Date signed 7/18-46

RECEIVED

District Health Office No.

District File Number 846-10

Date Filed 8-26-46

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 Leonard J. Vargo

Licensed Embalmer No. 4336

P. O. Address Portageville 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.