

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fitzgibbons hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether
In this community All her life
years, months or days)

3. (a) PRINT FULL NAME Lula Piper Adams

3. (b) If veteran, name war 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John W. Adams 6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased January (Month) 18th. (Day) 1872 (Year)

8. AGE: Years 74 Months 6 Days 12 If less than one day hr. min.

9. Birthplace Saline county Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business

12. Name William Piper
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mildred Gaines
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant J. W. Adams Jr.
(b) Address Marshall, Missouri
17. (a) Burial (b) Date thereof Aug. 1st, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park cemetery

18. (a) Signature of funeral director Campbell R. Rine
(b) Address Marshall, Missouri
19. (a) 8-1-46 (b) Mrs. J. O. Welch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 120 North Brunswick
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 46 hour 10 minute P
21. I hereby certify that I attended the deceased from July 27 to July 30, 1946
that I last saw her alive on July 30 and that death occurred on the date and hour stated above.
Immediate cause of death Pulmonary Embolus Duration 1 M. 1/2

Due to Pentothal anesthesia for fracture of femur
Due to
Other conditions (Include pregnant within 3 months)
Major findings: Of operations
Of autopsy
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)
(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) (e) Means of injury 1

While at work
23. Signature [Signature] (M. D. or other) 1
Address Marshall Date signed 7/31/46

RECEIVED

District Health Officer No. 8.

District File Number.....

Date Filed 5-17-46

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 W. T. Taniguchi Jr.

Licensed Embalmer No. 3467

P. O. Address Marshall, 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Sept

Registration District No. 324

Primary Registration District No. 3072

Registrar's No.

104

1. PLACE OF DEATH:

- (a) County Saline
(b) City or town Marshall
(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
In this community _____ years, months or days)

3. (a) PRINT
FULL NAMELula P. 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 wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____

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

8. AGE: Years 74 Months 6 Days 18 If less than one day
hr. _____ min. _____

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 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 _____

Duration

Due to _____

Due to _____

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

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically.

22. If death was due to external cause, fill in the following:

- (a) Accident, suicide, or homicide Accident at home
(b) Date of occurrence July 20 1946
(c) Where did injury occur? Home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place)
(c) Means of injury fall

23. Signature _____ (M. D. or other)

Address _____ Date signed 8/22/46

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

28090

29252