

Registration District No. 331

Primary Registration District No. 4486

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Benton
(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 60 years years, months or days

3. (a) PRINT FULL NAME Annie Barbara 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 Thomas J Adams 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased March 23, 1972
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 9 If less than one day
hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

12. Name Jesse Miller
13. Birthplace Cape Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Ben Adams
(b) Address Benton, Mo

17. (a) Burial (b) Date thereof Sep. 3, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Benton, Mo

18. (a) Signature of funeral director Burplinghoff Funeral Home
(b) Address 912 1/2 Chaffee, Mo

19. (a) 9-3-46 (b) Allen Hulse Wellman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott
(c) City or town Benton
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12
year 1946 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 12, 1946 to Sept. 2, 1946
that I last saw her alive on Sept. 1, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Due to _____

Due to _____

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

Major findings: Of operations WLB

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?

While at work? _____ (Specify type of place) (c) Means of injury 2

23. Signature M. P. Bryan (Date or other) 20
Address Benton, Mo. Date signed 9-3-46

RECEIVED

District Health Office No. 2,

District File Number 946-1151

Date Filed 9-24-46

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 Mamie Burleigh

Licensed Embalmer No. 3242

P. O. Address Chaffee, 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.