

FILED OCT 17 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 278

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pike County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days
(Specify whether years, months or days)
In this community 20 days

3. (a) PRINT FULL NAME Sophie Ida Adams

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife William Adams 6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased Feb 21 1891
(Month) (Day) (Year)

8. AGE: 55 Years 7 Months 5 Days If less than one day hr. min.

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

10. Usual occupation Wif

11. Industry or business

12. Name John Leader 5
13. Birthplace Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Ida Bunzie
15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant William Adams
(b) Address Whiteside Mo
17. (a) Burial (b) Date thereof 9-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Louis, Mo.

18. (a) Signature of funeral director Geo Mudd
(b) Address Douglas Green, Mo
19. (a) 9/26/46 (b) Bernice Collier
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lincoln 57
(c) City or town Whiteside
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ (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 26
year 1946 hour 8 minute 10 A.M.

21. I hereby certify that I attended the deceased from Sept 6, 1946, to Sept 26, 1946
that I last saw her alive on Sept 26-46, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial Failure 2 days
Arterial Failure 1 wk
Arthritis Deformans 10 yrs
Severe
Pneumia Severe 1+ yrs

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) Means of injury ✓

23. Signature Chas. H. Lovell (M. D. ✓)
Address Louisiana, Mo Date signed 9/26/46

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

RECEIVED
District Health Officer No. 10
District File Number 10-46-1894
OCT 14 1946
Date

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.