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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43685

Registration District No. 336 Primary Registration District No. 4494 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Shannon
(b) City or town Winona (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
In this community 25 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Shannon 101
(c) City or town Winona (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SARAH JANE ADAMS
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Roy Adams
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased May (Month) 8 (Day) 1874 (Year)

8. AGE: Years 72 Months 7 Days 21 If less than one day ... hr. ... min.

9. Birthplace Rockford (City, town, or county) Ill. 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Wes Bland 9
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name " 9
15. Birthplace " (City, town, or county) (State or foreign country)
16. (a) Informant Roy W Adams
(b) Address Winona Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation Winona Mo
18. (a) Signature of funeral director Phil A Feuchel
(b) Address Van Buren Mo.
19. (a) 1-10-47 (Date received local registrar) (b) Mabel Rollins (Registrar's signature) Dep

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29 year 1946 hour 9 minute A. M.
21. I hereby certify that I attended the deceased from 7-22, 1946 to 8-13, 1946
that I last saw her alive on 8-13, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis
Due to Chronic arterial hypertension
Due to
Other conditions (Include pregnancy within 3 months of death) 3B
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? 2
(Specify type of place)
While at work? (e) Means of injury
23. Signature Frank J. Runnels (M. D. or other) D.O.
Address Van Buren, Mo. Date signed 1-2-46

(Licensed Embalmer's Statement on Reverse Side)

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~~ 12-21-46

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Phil O Jeuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren Me

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.