

S. No. 2
-12-45
5-17-39
PI X47070

FILED MAR 28 1947

Registration District No. 278 Primary Registration District No. 5790 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Charl East Prairie, Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6 mi. E. of East Prairie. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community All of Life years, months or days)

3. (a) PRINT FULL NAME Leo Adams

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

4. Sex Male 2 5. Color or race Negro

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 10, 1944
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>2</u>	<u>2</u>	<u>19</u>	hr. _____ min. _____

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

10. Usual occupation Infant

11. Industry or business None

12. Name Not Known 9

13. Birthplace Not Known 1

14. Maiden name Lottie B. Adams
(City, town, or county) (State or foreign country)

15. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Lottie B. Adams

(b) Address East Prairie, Missouri.

17. (a) Burial (b) Date thereof 1-11-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Charleston, Missouri

(b) Address Charleston, Missouri.

19. (a) 2-1-47 (b) Gertrude G. Harper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi 67

(c) City or town East Prairie, Rural 0

(d) Street No. 6 mi. E. of East Prairie 0
(If outside city or town limits, write "RURAL") (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9th
year 1947 hour 11:30 minute _____ P.M.

21. I hereby certify that I attended the deceased from Sept 1
1946, to June 9, 1947
that I last saw him alive on Jan 9, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Puruch-Nephritis 57MO
Ematous

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 130

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) (e) Means of injury _____

23. Signature J. P. Martin (M. D. or other) _____

Address East Prairie, Mo. Date signed 1-20-47

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

RECEIVED

District Health Office No. 2

District File Number 347-1781

Date Filed 3-20-47

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 Joe R. Neunel

Licensed Embalmer No. 4413

P. O. Address Charleston, 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.