

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 4 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16780

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 175

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community 5 years
years, months or days)

3. (a) PRINT FULL NAME Emma Adams

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female
5. Color or race Negro

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

6. (b) Name of husband or wife George Adams

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May
(Month)

30, 1886
(Day) (Year)

8. AGE: Years Months Days If less than one day
60 11 18 hr. min.

9. Birthplace Clay Co., Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name Meeks

13. Birthplace No record
(City, town, or county) (State or foreign country)

14. Maiden name No record

15. Birthplace No record
(City, town, or county) (State or foreign country)

16. (a) Informant George Adams

(b) Address R#2, East Prairie, Missouri

17. (a) Burial (b) Date thereof 5-22-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery, Charleston, Missouri

18. (a) Signature of funeral director Edward E. Hummel
(b) Address Charleston, Missouri

19. (a) S-31-47 (b) C. G. Summers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
(c) City or town East Prairie, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 6 mi. E. of East Prairie
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th
year 1947 hour 10:00 minute a. M.

21. I hereby certify that I attended the deceased from 5-11 to 5-18, 1947
that I last saw alive on 5-18, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene L. Foot
Due to Diabetic neuropathy
Due to Ch. Valvular D.S.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 93
Of autopsy 93

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?
(Specify type of place) (e) Means of injury

23. Signature A. Smith (M. D. or other)
Address Cape Girardeau, Mo Date signed 5/24/47

RECEIVED

District Health Officer No. 4
District File Number 647-761
Date Filed 6-2-47

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. Nunnallee

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.