

FILED AUG 23 1947

Registration District No. 139

Primary Registration District No. 139

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Corning mo
(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 _____ (Specify whether)
In this community 56 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt 44
(c) City or town Corning 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Kathryn Adams

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Wilson Conrad Adams 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 13, 1854
(Month) (Day) (Year)

8. AGE: Years 93 Months 4 Days 0 If less than one day: hr. 0 min. 0

9. Birthplace Buchanan County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business In the home

MOTHER FATHER

12. Name John Alexander

13. Birthplace Unknown Ky
(City, town, or county) (State or foreign country)

14. Maiden name Abigail Henry

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd Dankers

(b) Address Oregon, Mo.

17. (a) Burial (b) Date thereof Aug. 15, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hunter Cemetery

18. (a) Signature of funeral director Wilbur A. Schoeder
(b) Address Craig, Mo.

19. (a) Aug 15, 47 (b) Jessie
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13
year 1947 hour 20 minute 30 P.M.

21. I hereby certify that I attended the deceased from arrival 19____ to _____ 19____;
that I last saw h_____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac dilatation
Duration _____

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy 95
PHYSICIAN _____

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 2

23. Signature D J B McKee (M.D. or other) DO
Address Craig Date signed Mo

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

DISTRICT HEALTH OFFICE
Camden, Mo.

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.....

Myself....., Registered Apprentice No.....
working under my personal supervision.

Signed *Wilber L. Schoeder*.....

Licensed Embalmer No. *3997*.....

P. O. Address *Craig, 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.