

UNITED STATES OF AMERICA  
BUREAU OF THE CENSUS  
**FILED OCT 7 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

**33426**

Registration District No. **337**

Primary Registration District No. **4499**

State File No. ....

Registrar's No. **93**

**1. PLACE OF DEATH:**

(a) County **Shelby**  
(b) City or town **Shelbina, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **None**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. **1 year and 6 Month's** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Nancy Velinda Adams**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Deceased** 6. (c) Age of husband or wife if alive **Same** years  
7. Birth date of deceased **February 16, 1861**  
(Month) (Day) (Year)

8. AGE: Years **86** Months **7** Days **0** If less than one day hr. min.

9. Birthplace **Pennsylvania**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Same**

12. Name **John Cartner** 4  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Eunice Shohaney**  
15. Birthplace **Pennsylvania**  
(City, town, or county) (State or foreign country)

16. (a) Informant **John Q. Adams**  
(b) Address **Shelbina, Missouri**

17. (a) **Burial** (b) Date thereof **7-18-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Wood Cemetary**

18. (a) Signature of funeral director **Million & Barkelaw**

(b) Address **Shelbina, Missouri**

19. (a) **4-30-47** (b) **Ruth Jones**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Shelby** 102  
(c) City or town **Shelbina** 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. **0**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **None**

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **September** 16, year **1947** hour **11:** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **Sept 5-47** to **Sept 16 47**  
that I last saw him alive on **Sept 16 47**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Carcinoma of colon** 197

Due to.....  
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....  
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) (c) Means of injury.....  
23. Signature **M. J. Hallan** (M. D. or other) **11/18/47**  
Address **Shelbina Mo** Date signed

OCT - 6 1947

RECEIVED  
District Health Officer No. 10  
District File Number 12-47-134  
Date Filed OCT - 6 1947

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.....

James A. Davis....., Registered Apprentice No. 443  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3835

P. O. Address.....  
Stellman 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.