

UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

34323

State File No.

FILED NOV 5 1947

Registration District No. 141

Primary Registration District No. 3025

Registrar's No. 44

1. PLACE OF DEATH:

(a) County HOWELL
(b) City or town WEST PLAINS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether
In this community 45 years.
years, months or days)

3. (a) PRINT FULL NAME ADA ANGELINE ADAMS

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife HARRY C. ADAMS 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased JUNE 17, 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 3 21 — hr. — min.

9. Birthplace EAU CLAIRE Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name Andrew Williams
13. Birthplace Mr. Pleasant R.I.
(City, town, or county) (State or foreign country)
14. Maiden name Angeline Mathewson
15. Birthplace Providence, R.I.
(City, town, or county) (State or foreign country)

16. (a) Informant Matt Adams
(b) Address Rt. 1, West Plains, Mo.

17. (a) OAK LAWN CEM. (b) Date thereof OCT. 10, 1947
(Burial, cremation) (Month) (Day) (Year)

(c) Place: burial or cremation WEST PLAINS, MO.

18. (a) Signature of funeral director Hal Thompson
(b) Address West Plains, Mo.

19. (a) Oct 15 - 1947 (b) Beatrice Cook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HOWELL
(c) City or town WEST PLAINS
(If outside city or town limits, write "RURAL")
(d) Street No. 605 GRACE AVE.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 8,
year 1947 hour 10: minute A.M.

21. I hereby certify that I attended the deceased from Oct 1 - 1947 to Oct 7, 1947
that I last saw him alive on Oct 7, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hypertension and Chronic Nephritis

Due to —

Other conditions 131B
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

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 Beatrice Cook (D. or other)
Address West Plains, Mo Oct 11, 1947

RECEIVED
JAN 6 1947

District Health Officer No. 5,
District No. 10.47614

Date Filed 10-30-47

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.....

Edward Hoaduel....., Registered Apprentice No. 26
working under my personal supervision.

Signed Hal Thomburg

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.