

No. 2
-12-45
-17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37379**

FILED DEC 8 1947
59

Registration District No. _____ Primary Registration District No. **4099** Registrar's No. **181**

1. PLACE OF DEATH:

(a) County **Cass**

(b) City or town **Pleasant Hill**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
10 12 pine Pleasant Hill
(If not in hospital or institution, write street number or location)

(d) Length of stay: **year** (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cass**

(c) City or town **Pleasant Hill, Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. **1012 Pine**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **Susan Alice 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, widowe **2**

6. (b) Name of husband or wife **James Albert Adams** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Jan. 19 1857**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

90 10 10 hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **Frank Granberry**

12. Name _____

13. Birthplace **unk. ky.**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Mohley**

15. Birthplace **unk. Ky.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Claude Gray**

(b) Address **Pleasant Hill, Mo.**

17. (a) **Burial** (b) Date thereof **12-2-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mount Meriah Mo.**

18. (a) Signature of funeral director **Ellen Thompson**

(b) Address **Pleasant Hill Mo**

19. (a) **Dec 3-1947** (b) **Diana J. Jones**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** 30
year **1947** hour **11 25** minute **A** M.

21. I hereby certify that I attended the deceased from **MARCH 3**
1947 to 30 Nov 19**47**.

that I last saw her alive on **30 Nov** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **CORONARY INSUFFICIENCY**

Duration **1 DAY**

Due to **ARTERIOSCLEROSIS GENERALIZED** **15 YRS**

Due to _____

Other conditions **ARTERIOSCLEROSIS PSYCHOSIS** **14 R**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **NONE performed**

Of autopsy **NONE performed**

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 **0**

23. Signature **AW Williams** (M. D. or other) **MD**

Address **Pleasant Hill, Mo** Date signed **1 Dec 47**

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

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.....

Glenn Hill....., Registered Apprentice No. *8*
working under my personal supervision.

Signed *Allen Brownfield*
Licensed Embalmer No. *3785*
P. O. Address *Pleasant Hill*

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.