S. No. 2
—11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 17 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37475

Registration District No. 15 | Primary Registration District No. 3015 | Registrar's No. 73

1. PLACE OF DEATH:
(a) County: CLINTON
(b) City or town: CAMERON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 118 W. 7TH ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community: LIFETIME (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: CLINTON
(c) City or town: CAMERON
(If outside city or town limits, write "RURAL")
(d) Street No.: 118 W. 7TH STREET
(If rural, give location)
(e) If foreign born, how long in U. S. A.? NO years.

8. (a) PRINT FULL NAME: CLAUDIA ADAMS
8. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: OLIVER ADAMS.
6. (c) Age of husband or wife if alive: 87 years
7. Birth date of deceased: OCT (Month) 7 (Day) 1869 (Year)

8. AGE: Years 78 | Months 0 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace: CALDWELL CO (City, town, or county) MO. (State or foreign country)
10. Usual occupation: HOME
11. Industry or business: HOUSEWIFE.
FATHER 12. Name: JOHN H. KENBRICK.
13. Birthplace: LOUVILLE (City, town, or county) KY. (State or foreign country)
MOTHER 14. Maiden name: MARTHA J. ROLL
15. Birthplace: (City, town, or county) KY (State or foreign country)
16. (a) Informant: OLIVER ADAMS
(b) Address: CAMERON MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: NOV. 3-47 (Month) (Day) (Year)
(c) Place: burial or cremation: McPANION CEMETERY.
18. (a) Signature of funeral director: DeMOSS CRUNK.
(b) Address: CAMERON MO
19. (a) Nov. 3, 1947 (Date received local registrar) (b) Winifred W. Mozer (Registrar's signature) 290

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 1 year 1947 hour 8 minute 9 A.M.
21. I hereby certify that I attended the deceased from 10-15, 1947, to 11-1, 1947, that I last saw her alive on 10-31, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia — Duration: 4 days
Due to: Chronic Nephritis — Duration: Unknown
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 13/13
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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: [illegible] (M. D. or other)
Address: Cameron, Mo. Date signed: 3 Nov 47

(Licensed Embalmer's Statement on Reverse Side)

APR 3 1958

DISTRICT HEALTH OFFICE
Cameron, 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Lee Moss Crunk

Licensed Embalmer No. 2533

P. O. Address Cameron. 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, above space should be left blank.