S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37654

FILED DEC 6 1947
Registration District No. 4189

Primary Registration District No. 4189

Registrar's No. 74

1. PLACE OF DEATH:
(a) County Gasconade
(b) City or town Roseland Rural # 1
(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 years, months or days)
In this community 81 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Gasconade
(c) City or town Roseland Mo RR # 1
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME VIRGINIA L. 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 Geo E Adams
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased Oct (Month) 19 (Day) 1866 (Year)

8. AGE: Years 81 | Months 1 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace Roseland Mo Gasconade (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....

MOTHER
12. Name Luke Rodgers
13. Birthplace Virginia (City, town, or county) (State or foreign country)

FATHER
14. Maiden name Marguerite Greenstreet
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Floyd Adams
(b) Address Roseland Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Georgetown
18. (a) Signature of funeral director E O Meyer
(b) Address Gerald Mo
19. (a) 11/29/47 (Date received local registrar) (b) Dorothy Lechman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26
year 1947 hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from ....., 19....., to Oct 26, 1947
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Stroke	
Due to Heart	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 .....

23. Signature S. H. Bradley (M. D. or other) MD
Address Owensville, Mo Date signed 11-28-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-5-42

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

Signed Earl C. Tuttle

Licensed Embalmer No. 3385

P. O. Address New Haven Conn.

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.