S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38605

FILED DEC 9 1947

Registration District No. 1436   Primary Registration District No. 2001   Registrar's No.

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2614½ Virginia (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: — In this community: 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin (If outside city or town limits, write "RURAL")
(d) Street No.: 2614½ Virginia (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Mary E. Adams
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: F.
5. Color or race: W.
6. (a) Single, widowed, married, divorced: W.
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: October 25, 1873 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	11	12	hr. min.

9. Birthplace: Morrelton, Arkansas (City, town, or county) (State or foreign country)
10. Usual occupation: Own home
11. Industry or business:

FATHER
12. Name: unknown
13. Birthplace: " " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: " "
15. Birthplace: (City, town, or county) (State or foreign country)

16. (a) Informant: E. R. Adams
(b) Address: 1815 Harlem, Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Ozark Memorial Park
18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: Joplin, Missouri
19. (a) 10-10-47 (Date received local registrar) (b) Dolores Lumpkins Dr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7 year 1947 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from 19 to 19 ; that I last saw h alive on 19 — Did not attend
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	
Due to:	
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: [signature] D.O. (M.D. or other)
Address: 2114 Joplin   Date signed: 10/7/47

Jefferson City Printing Co.   (Licensed Embalmer's Statement on Reverse Side)

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

47-11-907

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Jonesboro Me

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.