

No. 2  
2-45  
17-39  
X47070

FILED DEC 30 1947

Registration District No. 160

Primary Registration District No. 5592

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution: 1  
(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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50

(c) City or town Herculaneum 0  
(If outside city or town limits, write "RURAL.")

(d) Street No. \_\_\_\_\_  
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary S. 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 unmarried

6. (b) Name of husband or wife Geo. S. Adams 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 23 1874  
(Month) (Day) (Year)

8. AGE:

| Years     | Months   | Days     | If less than one day |
|-----------|----------|----------|----------------------|
| <u>73</u> | <u>2</u> | <u>4</u> | hr. _____ min. _____ |

9. Birthplace Festus Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Charles Etzen 4

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Agla Boyer

15. Birthplace French Village Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Selma Adams

(b) Address Herculaneum Mo

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

(c) Place: burial or cremation Herculaneum, Mo

18. (a) Signature of funeral director Sink's

(b) Address Festus Mo

19. (a) Dec 19 1947 (b) Clara Belleville  
(Date received local registrar) (Registrar's signature) 101

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27th  
year 1947 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from 11-27  
2 1947, to 11-27, 1947.  
that I last saw h<sup>e</sup>r alive on 11-27, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerotic vascular renal disease?  
Due to Coronary  
Due to Carcinoma of the heart  
Other conditions none  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? 0

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature R. D. Dornell (M. D. or other) Med.  
Address Crystal City, Mo Date signed 11-28-47

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 9,  
District File Number  
~~12-29-47~~  
Date Filed

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 Eleon Province

Licensed Embalmer No. 3403

P. O. Address Festus 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.