S. No. 2
—1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 5 1948
Registration District No. 2708

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3054

State File No. 2004

Registrar's No. 2

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital ~~or institution~~ Pike County 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pike
(c) City or town Curryville Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Nancy Cleva Adams
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Female
5. Color or race W
6. (a) ~~Single, widowed~~ married, ~~divorced~~ 1
6. (b) Name of husband ~~or wife~~ Heber Leroy Adams
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 5 (Month) 12 (Day) 1885 (Year)

8. AGE: Years 62 | Months 7 | Days 3 | If less than one day hr. min.

9. Birthplace Pike Co (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business Private Families
12. Name of FATHER Peter Lansdale Brandstetter
13. Birthplace of FATHER Pike Co (City, town, or county) Mo (State or foreign country) 0
14. Maiden name of MOTHER Sarah Frances Calmese
15. Birthplace of MOTHER Lincoln Co (City, town, or county) Mo (State or foreign country) 0
16. (a) Informant Nancy Adams
(b) Address Curryville
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/48 (Month) (Day) (Year)
(c) Place: burial or cremation Bowling Green, Mo
18. (a) Signature of funeral director W. S. Waters
(b) Address Vandalia, Missouri
19. (a) 1-5-48 (Date received local registrar) (b) Burnice Cather (Registrar's signature) 374

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 3
year 48 hour 7 minute 15 P M.
21. I hereby certify that I attended the deceased from 12-6-1947 to 1-3-1948
that I last saw h~~e~~r alive on 1-3-1948
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Myocardial Failure | 1 day |
| Due to Generalized Carcinomatosis | 8 mo 10 mo. |
| Due to Carcinoma of Breast | ~~8~~ yrs |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations 20
Of autopsy 7

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 0
23. Signature Chas H Llewellen (M. D. ~~or other~~)
Address Louisiana Mo Date signed 1/3/48

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

RECEIVED
District Health Officer No. 10
District File Number 2-41-22
FEB -4 1948
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 William B. Watson

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.