

FILED MAR 1 1948

Registration District No. **247**

Primary Registration District No. **4368**

Registrar's No. **8**

1. PLACE OF DEATH:

(a) County Newtown
 (b) City or town Wentworth
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home
(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 Newtown 73
 (c) City or town City 0
(If outside city or town limits, write "RURAL")
 (d) Street No. None 0
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mary Melvina Adams

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FM / 5. Color or race W
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan. 18 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 0 11 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {
 12. Name _____
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles Massey

(b) Address Wentworth, Mo.

17. (a) Burial (b) Date thereof 1 31 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sarcovic Cemetery

18. (a) Signature of funeral director William J. Washell

(b) Address Pierson City, Mo.

19. (a) 1-20-1948 (b) M. L. Young
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29
 year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Mar 24
 1947 to Jan 29 1948
 that I last saw her alive on Jan 25 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia 2 days

Due to _____

Due to _____

Other conditions Fracture of left hip - 9 days
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy 1 13

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) _____ 73

(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? _____

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

23. Signature A. L. Edwards (M. D. or other M.D.)

Address Pierson City, Mo. Date signed Jan 30, 1948

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

73
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RECEIVED

District Health Officer No. *Newton*
District File Number *48-257*
Date Filed *2-27-48*

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 *Gordon Bennett*

Licensed Embalmer No. *4213*

P. O. Address *Morrett, 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.