.. No. 2
—1/47
..-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 13 1948

Registration District No. 274

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5708

Primary Registration District No. 3052

Registrar's No. 46

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

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1215 South Lamine (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 eight years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia (If outside city or town limits, write "RURAL")
(d) Street No. 1215 South Lamine (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HANNAH CORDRY ADAMS

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Henry Allen Adams

6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased February 8, 1861 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
87	0	8	hr. min.

9. Birthplace Cooper County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John M. Cordry
13. Birthplace Cooper County, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sallie Woolery
15. Birthplace Cooper County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cora Nicholson (dau.)
(b) Address 1215 S. Lamine, Sedalia, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation Green Ridge, Mo.

18. (a) Signature of funeral director Shane Ewing
(b) Address Sedalia, Missouri

19. (a) 2/18/48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16, year 1948 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from Feb 13, 1948 to Feb 16, 1948
that I last saw her alive on Feb 15, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	
Due to Influenza Virus Type	
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] M.D. (M. D. or other)
Address Sedalia Mo Date signed 2/17-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number

Date Filed 3-12-48

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

Karen K. Dietze, Registered Apprentice No. 70

working under my personal supervision.

Signed Duane Ewing

Licensed Embalmer No. 3[illegible]7

P. O. Address Sedalia 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.