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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 5797

Registration District No. 282 Primary Registration District No. 4426 Registrar's No. 15

**1. PLACE OF DEATH:**

(a) County Polk

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

(c) Name of hospital or institution: / (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 Polk 84

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

(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 Martha Minerva 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 widowed

6. (b) Name of husband or wife Noah A. Adams

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

7. Birth date of deceased dec. (Month) 19 (Day) 1853 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 94 | 1 | 26 | hr. min. |

9. Birthplace Cedar County (City, town, or county) (State or foreign country) 0

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Elic Tow, 0
13. Birthplace Cedar County Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Stockton,
15. Birthplace Ceder County, Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs Laura Galyan,

(b) Address Fair Play, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Lindley Prarie

18. (a) Signature of funeral director Barker, Erwin & Blue

(b) Address Fair Play, Mo.

19. (a) Feb 19, 1948 (Date received local registrar) (b) Ralph Garden (Registrar's signature) by Jewell

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 15 year 1948 hour three minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan, 1946 to Feb 15, 1948 that I last saw her alive on Feb 13, 1948; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Carcinoma face & left eye | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations 53

Of autopsy

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)

(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 D C McCrum (M. D. ~~or other~~)

Address Bolivar Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 1-48-133
Date Filed 2-26-48

## 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 Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.**