. S. No. 2
M—1-4-41
5-17-39
1 X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. FILED MAR 1 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3074

State File No. Dano 7511

Registrar's No. 27

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Sikeston (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sikeston General Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hrs (Specify whether years, months or days) In this community 1 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Stoddard
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Morehouse R 4 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME ETTER 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 Married
6. (b) Name of husband or wife Zobe
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased March 24 1898 (Month) (Day) (Year)

8. AGE: Years 49 | Months 10 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace Limestone Ark (City, town, or county) (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER 12. Name Robert Brown
13. Birthplace N. C. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Donna Hutchison
15. Birthplace N. C. (City, town, or county) (State or foreign country)
16. (a) Informant Zobe Adams
(b) Address Morehouse, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof K K K (Month) (Day) (Year)
(c) Place: burial or cremation East Prairie Mo
18. (a) Signature of funeral director Welsh Funeral Home
(b) Address Sikeston Mo
19. (a) 2-20-48 (Date received local registrar) (b) Mrs. T. F. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9
year 1948 hour 10 minute 20 P. M.
21. I hereby certify that I attended the deceased from 2-9 1948, to 2-9 1948, that I last saw her alive on 2-9 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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

23. Signature J. M. Dano M.D. (M. D. or other)
Address Morehouse Mo Date signed 2-16-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 248-284
Date Filed 2-25-68

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.