

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9850

Registration District No. 301

Primary Registration District No. 4450

Registrar's No. 2290

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Doniphan
(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 3 years
years, months or days)

3. (a) PRINT
FULL NAME Sallie Adams

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Female 5. Color or white
race

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

6. (b) Name of husband or wife
Sidney S. Adams

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

7. Birth date of deceased July 15 1867
(Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days 11
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Allen S. Sprague

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. L. H. Forstner

(b) Address Doniphan, Mo.

17. (a) removal (b) Date thereof 2-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Doniphan, Mo.

18. (a) Signature of funeral director Dr. L. H. Forstner

(b) Address Doniphan, Mo.

19. (a) 2-27-48 (b) E. B. Johnston
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley
(c) City or town Doniphan
(If outside city or town limits, write "RURAL")

(d) Street No. 91
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26 0
year 1948 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from
1-15-48 to 2-26-48
that I last saw her alive on 2-26-48
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Hypertensive Heart Trouble
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 sta-
tistically.

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?

While at work? _____ (Specify type of place)

23. Signature Clifford Forstner (M. D. or other)

Address Doniphan, Mo. signed 2-27-48

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

RECEIVED

District _____, Officer No. 5,

District File Number 348207

Date Filed 3-20-48

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 Wesley Johnson

Licensed Embalmer No. 4271

P. O. Address Waukegan, Ill.

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.