

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED SEP 14 1948

Registration District No. 372

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6075

State File No. 27450

Registrar's No. 293

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 yrs. 10 mos. 4
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison 62
(c) City or town Silvermine 0
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNIE DELILIA MEANS

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 4, 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 0 28 hr. min

9. Birthplace Silvermine, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

12. Name Joseph Henry Means

13. Birthplace Silvermine, Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Adline Margerete Wheeler

15. Birthplace Silvermine, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 9-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashlock Cem., Fredericktown Mo.

18. (a) Signature of funeral director Webb-Adamsen Funeral Home

(b) Address Fredericktown, Missouri

19. (a) 9-4-48 (b) Cather Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 2
year 1948 hour 4 minute 15 A. M.

21. I hereby certify that I attended the deceased from July 13, 1948 19____, to Sept. 2, 1948 19____;
that I last saw her alive on Sept. 2, 1948 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus Abt. 8 mos.
Duration

Due to _____

Due to _____

Other conditions 4/8/48
(Include pregnancy within 3 months of death)
Psychosis with cerebral arteriosclerosis

Major findings: Of operations No surgery
Of autopsy No 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 John D. Bernhardt or other 9-2-48

Address State Hwy #4, Farmington Date signed _____

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

MOTHER FATHER

SEP 22 1948

RECEIVED

District Health Officer No. 4
File Number 948-1173
Date Filed 9-13-48

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 A. Volgin Adamson

Licensed Embalmer No. 4351

P. O. Address Frederick, Md.

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.