

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28695
Registrar's No. 12

FILED AUG 31 1948
Registration District No. 305

Primary Registration District No. 6238

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Belgrade
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life years, months or days

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

3. (a) PRINT FULL NAME Jessie Bell Adams
3. (b) If veteran, name war us
3. (c) Social Security No. none

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 12, 1872
(Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 29
If less than one day hr. _____ min. _____

9. Birthplace Belgrade, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation at home
11. Industry or business _____

12. Name Nelson Adams
13. Birthplace Reynolds County, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Parthinia Evans
15. Birthplace Caledonia, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Effie Andes
(b) Address Belgrade, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/13/48 (Month) (Day) (Year)
(c) Place: burial or cremation Caledonia, Mo.

18. (a) Signature of funeral director White Funeral Home
(b) Address Ironton, Mo.
19. (a) 8-25-48 (Date received local registrar) (b) Olla White (Registrar's signature) 330

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 11 year 1948 hour 12 minute 00 A. M.
21. I hereby certify that I attended the deceased from _____, 1948, to Aug 11, 1948
that I last saw her alive on Aug 10, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia
Due to following respiratory infection. 104
Due to following
Other conditions (include pregnancy within 3 months of death) Sepsis Paralysis
Major findings: Of operations from Thrombocytopenic purpura
Of autopsy brain

Duration _____
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? _____
While at work? _____ (Specify type of place) (e) Means of injury? _____
23. Signature E. A. Russell (M. D. or other) _____
Address Belgrade, Mo. Date signed 8/14/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 848-107
Date Filed 8-30-48

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 Russell White

Licensed Embalmer No. 3412

P. O. Address Clinton, Ky

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.