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

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

31764

FILED OCT 11 1948 47
Registration District No.

Primary Registration District No. 6162

State File No.
Registrar's No. 46

1. PLACE OF DEATH:
(a) County Starr
(b) City or town Reeds Springs
(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 about 11 yrs (Specify whether years, months or days)
In this community about 11 yrs

3. (a) PRINT FULL NAME Eliza J. Adams
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race wh
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife R. E. Adams
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Oct 31 1864
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 5
If less than one day hr. min.

9. Birthplace Ohio
(City, town, or county) (State or foreign country)
10. Usual occupation Domestic worker
11. Industry or business
12. Name Daniel Barnes
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Connor
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant A. E. Adams
(b) Address Reeds Springs
17. (a) Burial (b) Date thereof Sept 10 48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Yacowson
18. (a) Signature of funeral director Everett J. Chatham
(b) Address Salena
19. (a) Sept 14 48 (b) Lena Murray Dep.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Stone
(c) City or town Reeds Springs
(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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 6
year 1948 hour 11 minute 30 AM
21. I hereby certify that I attended the deceased from 1940
19....., to Sept. 1948
that I last saw her alive on Sept. 5th 1948
and that death occurred on the date and hour stated above.
Immediate cause of death hypostatic
Pneumonia.
Duration 10 days

Due to Prone position
Due to Hypertension
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations 10
Of autopsy
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?
While at work? (Specify type of place)
(e) Means of injury
Signature W. P. Cottrell (M. D.)
Address Reeds Spring, Mo. Date signed 9/10

RECEIVED

District Health Officer No. 6;

District File Number 1048-1136

Date Filed 10-9-48

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

Elliott J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Helena 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.