

No. 2
2-45
7-39
X47070

FILED OCT 18 1948

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1081

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

1. PLACE OF DEATH

(a) County Suchsnan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Mo. Metho. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 hrs
(Specify whether years, months or days) 8 hrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nedaway

(c) City or town Barnard Mo
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANCES ADAMS

3. (b) If veteran, name war ✓

3. (c) Social Security No. ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month oct day 18 year 1948 hour 2 Am minutes 10-15 M.

21. I hereby certify that I attended the deceased from 7 am to time of death oct 18, 1948 to 19...
that I last saw her alive on oct 18 (9 pm), 1948...
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife George Adams

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

7. Birth date of deceased Jan 14 1888
(Month) (Day) (Year)

Immediate cause of death perforation of a diverticulum of the esophagus

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>8</u>	<u>27</u>	_____ hr. _____ min.

Due to _____

Other conditions (Include pregnancy within 3 months of death) 123

9. Birthplace Barnard Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Waitress & housewife

Major findings: _____

Of operations _____

Of autopsy perforation of a diverticulum of the esophagus

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name John Bare

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Goforth

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

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? _____

16. (a) Informant Clarence Lincoln

(b) Address Barnard Mo

17. (a) burial (Burial, cremation, or removal)

(b) Date thereof 10-13-48
(Month) (Day) (Year)

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

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature O. B. White (M. D. name)

Address 824 Edmund St. Joseph Date signed oct 18 1948

18. (a) Signature of funeral director M. Atchison

(b) Address Maryville Mo

19. (a) 10-11-48 (Date received local registrar)

(b) E. L. Jenkins (Registrar's signature)

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. ~~XXXX~~
working under my personal supervision.

Signed *J. M. Stehman*

Licensed Embalmer No. *2279*

P. O. Address *Marysville, 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.