

No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36223**
Registrar's No. **994**

Registration District No. **228**

Primary Registration District No. **5468**

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

3. (a) PRINT FULL NAME CLARA E ADAMS
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife E L Adams 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased May 21 1873
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 21 If less than one day hr. min.

9. Birthplace Greene County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Potter
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
14. Maiden name Almeta Forrester
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jamie Main
(b) Address Puente, California

17. (a) Burial (b) Date thereof 11-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Family Plot, Residence

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 11-15-48 (b) W E Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Rural Taylor township
(If outside city or town limits, write "RURAL")
(d) Street No. Strafford, Mo. Route 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 11
year 1948 hour 11 minute 40 P M.

21. I hereby certify that I attended the deceased from 10715 1947 to 11/11 1948
that I last saw her alive on 11/11 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Mammary Carcinoma 2 yrs?
Myocardial inf. 1 year
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 50
Of autopsy _____
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? _____

(Specify type of place) While at work? (c) Manner of injury
23. Signature R. H. Foch (M. D. or other) MD
Address Strafford, Mo. Date signed 11/13/48

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

Julian R. Goodwin

Licensed Embalmer No. *4562*

P. O. Address *Springfield, 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.