

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED NOV 27 1948

Registration District No. 257

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3028

37055

State File No.

Registrar's No. 254

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: McCune Brooks Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 60 Days (Specify whether)  
In this community Lifetime  
years, months or days

3. (a) PRINT

FULL NAME Lenna L. 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 Widowed  
6. (b) Name of husband or wife Art Adams 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased October 27, 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 0 16 hr. min.

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

10. Usual occupation Housewife

11. Industry or business None

12. Name John Adams  
13. Birthplace Unknown Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Isbell Campbell  
15. Birthplace Unknown Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. H. B. Adams  
(b) Address Carthage, Mo.

17. (a) Burial (b) Date thereof 11-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harvey Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Mo.

19. (a) 11/13/1948 (b) Ed. C. Ulmer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
(c) City or town LaRussell  
(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 None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13 th.  
year 1948 hour 5:05 minute A. M.

21. I hereby certify that I attended the deceased from Sept 15, 1948 to Nov 13, 1948  
that I last saw her alive on Nov 13, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Embolic, Cerebral Duration 3 days

Due to  
Due to

Other conditions Gangrene left leg 6 wks  
(Include pregnancy within 3 months of death)  
Arterial emboli

Major findings:  
Of operations none  
Of autopsy none (3B)  
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? Home (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) (c) Means of injury

23. Signature George H. Wood (M. D. or other)  
Address Carthage, Mo. Date signed 11-11-48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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**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.....

*John S. Dennehy*  
John S. Dennehy

Licensed Embalmer No. .... 4194

P. O. Address..... Carthage, 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.**