

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26477

National Office of Vital Statistics

FILED SEP 1 1950

Registration District No. 1

Primary Registration District No. 3019

Registrar's No. 100

1. PLACE OF DEATH:

(a) County Dunklin
 (b) City or town Kennett
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Furness Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

ANGELA MAE ADAMS-

3. (b) If veteran,

name war no

3. (c) Social Security No.

none

4. Sex ♀ 1. Color White
 5. Color White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife
 6. (c) Age of husband or wife if alive 4 years (Month) (Day) (Year)
 7. Birth date of deceased March 4 1950

8. AGE: Years Months Days If less than one day
5 15 hr. min.

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

10. Usual occupation None

11. Industry or business

12. Name Thas C. Adams

13. Birthplace Kennett, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Thas C. Smith

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

16. (a) Informant Mrs. Thas C. Adams

(b) Address Kennett, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 21-1950 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge-Kennett, Mo.

18. (a) Signature of funeral director Chas. Adams

(b) Address Kennett, Mo.

19. (a) 8-25-1950 (Date received local registrar) (b) Carl H. Hushan (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
 (c) City or town Kennett (If outside city or town limits, write "RURAL")
 (d) Street No. 302-Chance (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19 year 1950 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from 8-19-50 to 8-19-50 that I last saw her alive on 8-19-50 and that death occurred on the date and hour stated above.

Immediate cause of death Valve Pneumonia

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 492X

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? (e) Means of injury 6

23. Signature L. C. Wilson (M. D. or other) MD

Address Kennett Mo. Date signed 8-23-50

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 8-28-50.....

COUNTY FILE NUMBER ...850-347

DEC 14 1950

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 J. Balman

Licensed Embalmer No. 2556

P. O. Address Kennett 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.