

11-10-39
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X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25249**
Registrar's No. **651**

Registration District No. **816**

Primary Registration District No. **5439**

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R. F. D. - 1 - 72
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days) **357**

3. (a) PRINT FULL NAME

NOVA IRENE ADAMS

3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife **none** 6. (c) Age of husband or wife if alive **XX** years
7. Birth date of deceased **June 12 1908**
(Month) (Day) (Year)

8. AGE: Years **32** Months **1** Days **15** If less than one day _____ hr. _____ min.

9. Birthplace **greene Co Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **farmer's daughter**

11. Industry or business **(House work)**

12. Name **Henry Adams**

13. Birthplace **greene Co Mo** (City, town, or county) (State or foreign country)

14. Maiden name **James Looney**

15. Birthplace **greene Co Mo** (City, town, or county) (State or foreign country)

16. (a) Informant **Henry Adams**

(b) Address **R. F. D. - 1**

(c) Place: burial or cremation **Mt. Comfort Cemetery**

18. (a) Signature of funeral director **H. V. Smith**

(b) Address **702 - 76 Jefferson**

19. (a) **Aug. 11, 1940** (b) **M. E. Handley** (c) **1940**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Greene**
(c) City or town **Rural** (If outside city or town limit, write "RURAL")
(d) Street No. **R. F. D. - 1** (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **7** year **1940** hour **11** minute **20** A. M.

21. I hereby certify that I attended the deceased from **July 11** 19 **40** to **Aug 7** 19 **40**
that I last saw her alive on **July 11** 19 **40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumo-pneumonia** Duration **2 mo.**

Due to **9 30 P.**
Due to _____

Other conditions **Myocarditis, Exhaustion**
(Include pregnancy within 6 months of death)

Major findings: **Influenza in June, 1940.**

Of operations _____

Of autopsy _____

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? **9 84**

(Specify type of place) _____ (e) Means of injury _____

While at work _____

23. Signature **J. C. Looney** (M. D. or other) **1**

Address **1000 Sherman** Date signed **8/10/40**

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 _____

H. V. Smith, Registered Apprentice No. _____
working under my personal supervision.

Signed H. V. Smith

Licensed Embalmer No. 3324

P. O. Address 702-75-7effers

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, above space should be left blank.