

FILED APR 24 1943  
Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 51

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

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: Clinton General Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

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

(d) Street No. 803 1/2 2nd (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Julia Judy Adams

3. (b) If veteran, name war. .... No. ....

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 4 year 1943 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from 1-27 1943, to 3-4 1943; that I last saw him alive on 3-3 1943; and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, WIDOWED

6. (b) Name of husband or wife John Adams 6. (c) Age of husband or wife if alive 18 1/2 years

7. Birth date of deceased 7 19 1856  
(Month) (Day) (Year)

Immediate cause of death Hypocholic pneumonia Duration 10 da

Due to Fracture surgical neck femur.

Other conditions 1 flc  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
86 7 15 hr. min.

9. Birthplace St Genevieve Co Mo 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Charles Bellesime

13. Birthplace St Louis Mo 0  
(City, town, or county) (State or foreign country)

14. Maiden name HANNA B IRBINE

15. Birthplace TENN 1  
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: 1 flc  
Of operations 1 flc

Of autopsy 1 flc

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs G H Brough

(b) Address CLINTON Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Knobnoster cem

18. (a) Signature of funeral director Fred Wilkinson

(b) Address CLINTON Mo

19. (a) March 6, 1943 (Date received local registrar) (b) Georgia Kitchen (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 042

(b) Date of occurrence 1-27-43

(c) Where did injury occur? Clinton Henry miss  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home  
(Specify type of place)

While at work? fall (e) Means of injury

23. Signature M. D. ... (M. D. or other) M. D.  
Address Clinton Mo Date signed 3-5-43

RECEIVED

District Health Officer No. 7,

District File Number 3-43-91

Date Filed 4-12-43

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

GL WILKINSON, Registered Apprentice No. 341

working under my personal supervision.

Signed

Fred Wilkinson

Licensed Embalmer No.

2478

P. O. Address

Clinton Md

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.