

LED NOV 12 1943 37

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

5515

Registrar's No. 210

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Rural, Shawnee Twp  
(c) Name of hospital or institution:  
IN HUNTINGDALE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 20 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. in Huntingdale (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary L. Adams

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife MARTIN Adams  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 6 26 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 4 3 hr. \_\_\_\_\_ min.

9. Birthplace Montgomery Co Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
12. Name W.J. Griffith  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Clark  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant P.L. Stewart

(b) Address Clinton Mo  
17. (a) Burial (b) Date thereof 10 31 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coffville cem

18. (a) Signature of funeral director Frank Williams

(b) Address Clinton Mo  
19. (a) October 31, 1843 Georgia Kitcher  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29  
year 1943 hour 11 minute 00 A.M.  
21. I hereby certify that I attended the deceased from Nov 29, 1943, to Dec 8, 1943, that I last saw h. alive on Oct 8, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral  
Liver  
Due to Cerebral of Liver

Due to \_\_\_\_\_  
Other conditions Old age  
(Include pregnancy within 3 months of death)  
Major findings: Of operations none  
Of autopsy none

Duration  
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? \_\_\_\_\_ (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) \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Signature J.R. Hampton (M. D. or other)  
Address Clinton Mo Date signed 11/2/43

1069

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

12  
00

RECEIVED

District Health Officer No. 71

District File Number 10-43-1240

Date Filed 11-10-43

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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2478

P. O. Address Clinton 9m

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.