FILED APR 18 194[illegible]

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11556

Registration District No. 478 Primary Registration District No. 3642 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Lewis [illegible]

(b) ~~City or town~~ [illegible]
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lewis

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

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mariah Priner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. (Month) 28. (Day) 1861 (Year)

8. AGE: Years 79 Months Days 18 If less than one day hr. min.

9. Birthplace Lewis Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Collwell Adams
13. Birthplace (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) 0

16. (a) Informant's own signature N. Priner
(b) Address Ewing, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 8-1940 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Mt. Olive

18. (a) Signature of funeral director Thomas Ball
(b) Address Ewing Mo

19. (a) Mar. 8 - 1940 (Date received local registrar) (b) Anna K Ball (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th
year 1940 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 3rd, 1940, to March 5, 1940
that I last saw her alive on 3 P M March 5, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Pneumonia — Duration 3 days

Due to Senility

Due to

Other conditions Influenza
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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) none
(b) Date of occurrence none
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
431 none (Specify type of place)
While at work? none (e) Means of injury none

23. Signature [illegible] (M. D. or other)
Address Ewing Mo Date signed 3-8-40

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REV. 8-17-39 I X19811

RECEIVED
District Health Officer No. 10
District File Number 4-40-840
Date Filed APR 18 1940

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 Thomas Ball

Licensed Embalmer No. 1744

P. O. Address Ewing. 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, above space should be left blank.