

STANDARD CERTIFICATE OF DEATH

State File No. **35055**

Registration District No. **169**

Primary Registration District No. **4098**

Registrar's No. **27**

NOV 19 1940

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

1. PLACE OF DEATH:

(a) County **Chariton**
(b) City or town **Brunswick**
(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)

3. (a) PRINT FULL NAME **Nettie Ashman Adams**

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

4. Sex **Female** 5. Color or race **White** 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 **November 14th, 1857**
(Month) (Day) (Year)

8. AGE: Years **82** Months **11** Days **19** If less than one day hr. _____ min.

9. Birthplace **New York**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **James Ashman**

13. Birthplace **New York**
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Fuller**
(City, town, or county) (State or foreign country)

15. Birthplace **London, England**
(City, town, or county) (State or foreign country)

16. (a) Informant **J. W. Adams**

(b) Address **Brunswick, Mo.**

17. (a) **Burial** (b) Date thereof **Oct. 28, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brunswick, Mo.**

18. (a) Signature of funeral director **L. W. Heisel**

(b) Address **Brunswick, Mo.**

19. (a) **Oct 27/1940** (b) **Harry E. Tatum**
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Chariton**
(c) City or town **Brunswick**
(If outside city or town limit, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **26th.**
year **1940** hour **2** minute **0** P. M.

21. I hereby certify that I attended the deceased from **Jan**
1940 to **Oct 26**, 19**40**
that I last saw her alive on **Oct 26**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral hemorrhage 3 days
(apoplexy) probably
Due to **Cardiac embolus**
Due to **Had several attacks**
of angina pectoris recently
Other conditions **Cardiac thrombosis**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations **G.H.W.**
Of autopsy _____
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?
150
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **Harry E. Tatum** (M. D. or owner)
Address **Brunswick Mo** Date signed **Oct 30 1940**

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-12-40

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed L. W. Marshall
Licensed Embalmer No. 823
P. O. Address Breunswick

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.