

DEC 22 1941 397

Registration District No.

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Trinity Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Weeks  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Ollie Mae Adams

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

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

6. (b) Name of husband or wife David L. 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Nov. 5th 1884  
(Month) (Day) (Year)

8. AGE: Years 57 Months 0 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Unk. Sadewhite

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unk. Larkin

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

16. (a) Informant Mrs. Margaret Parker - Dau.

(b) Address 6715 Cleveland

17. (a) Removal (b) Date thereof 11-17-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshall, Mo.

18. (a) Signature of funeral director Harlyn Bar

(b) Address 7406 Wagonwheel Rd

19. (a) 11-17-41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 15 day 15  
year 1941 hour 7 minute 20 A. M.

21. I hereby certify that I attended the deceased from Oct 21, 1941 to Nov 15, 1941  
that I last saw her alive on Nov 14, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Toxic Goiter over 1 year  
Duration

Due to 62 B

Other conditions (Include pregnancy within 3 months of death)

Major findings: Adenomatous Goiter

Of operations \_\_\_\_\_  
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) \_\_\_\_\_  
(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) (c) Means of injury \_\_\_\_\_

23. Signature L. W. Fair (M. D. or other) \_\_\_\_\_  
Address 404 1/2 W 78 Date signed 11/15/41

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

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JAN 8 1942

**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.....  
*Harlyn Roe*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....  
*Harlyn Roe*.....  
Licensed Embalmer No. *2810*  
P. O. Address.....  
*156...*

**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.**