

FILED JAN 22 1942

State File No. _____

Registration District No. 607

Primary Registration District No. 4365

Registrar's No. 66

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Portageville town
(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 _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Portageville 12/1
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Mary Hannah Adams

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 3
year 1941 hour 9 minute A M.

21. I hereby certify that I attended the deceased from 12-3, 1941, to 12-3, 1941; that I last saw her alive on 12-3, 1941; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

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

(b) Name of husband or wife Jeff Bell Adams

7. Birth date of deceased April 9, 1866
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis ?

Duration _____

Due to _____

Due to _____

Other conditions arteriosclerosis ?
(Include pregnancy within 3 months of death)

8. AGE: Years 75 Months 7 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name John Wesley Arbuckle

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

14. Maiden name Pauline Smith

15. Birthplace St. Genevieve County, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Adams

(b) Address Portageville Mo

17. (a) burial (b) Date thereof Dec 5-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville Cemetery

18. (a) Signature of funeral director W. J. Funderburk

(b) Address Portageville Mo

19. (a) Dec 29 1941 (b) Mary W. Cook
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations 938

Of autopsy _____

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 John Kellon (M. D. or other) _____

Address Portageville Mo Date signed 12-3-41

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

262

RECEIVED

District Health Office No. 2

District File Number 142-102

Date Filed 1-19-42

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

Noel C. Dean

Registered Apprentice No.

working under my personal supervision.

Signed

Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address

Portageville

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.