

S. No. 2  
M-2-43  
7. 5-17-39  
X39697

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14286

FILED MAY 9 1944

State File No. \_\_\_\_\_

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 120

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

1. PLACE OF DEATH

(a) County CALLAWAY

(b) City or town FULTON  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 905 West Ave 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 70 YEARS years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CALLAWAY/4

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

(d) Street No. 707 Cent. St. 1  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EVA ADCOCK

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

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased Sept 8 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 6 24 hr. min.

9. Birthplace Chamois MO  
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

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

12. Name HATCHER

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

14. Maiden name Sally Mosby

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

16. (a) Informant Miss Floyd P. Rose

(b) Address Fulton, Mo

17. (a) Funeral (b) Date thereof Apr. 5, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HILL-CREST FULTON

18. (a) Signature of funeral director Glen Y. Manning

(b) Address 712 County Fulton, Mo

19. (a) April 5-44 (b) Jose Moserhoff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4  
year 1944 hour 5 minute a.m.

21. I hereby certify that I attended the deceased from Apr 2 1944 to Apr 2 1944  
that I last saw her alive on Apr 2 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation Duration 2 mo

Due to Chronic myocardial degeneration ?

Due to \_\_\_\_\_

Other conditions 93d  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings: none

Of operations \_\_\_\_\_

Of autopsy none

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) (f) Means of injury \_\_\_\_\_

23. Signature John J. Brown (M. D. or other) MD

Address Fulton, Mo Date signed 4/4

RECEIVED

District Health Officer No. 9;

District File Number.....

Date Filed 5-8-44.....

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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..... *Glen Y. Mauhin*.....

Licensed Embalmer No. 2725.....

P. O. Address..... Fulton, 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, fact should be so stated above.**