

FILED APR 9 1946

State File No.

Registration District No. 144

Primary Registration District No. 4234

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Iron

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

(c) Name of hospital or institution: St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Hours
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47

(c) City or town Rural
(If outside city or town limits, write "RURAL") 2

(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 Mary Adams

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 8
year 46 hour 12 minute M.

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

6. (b) Name of husband or wife Arthur Adams 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased July 7 1917
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6:00 am 3-8-46, 1946, to 12 noon 3-8-46, 1946 that I last saw her alive on 3-8-46, 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 28 Months 8 Days 1 If less than one day
hr. min.

Immediate cause of death: Placenta Previa

Due to _____

9. Birthplace: Harrisburg Ark. /
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

Due to: Pregnancy

Other conditions: None
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name: Alexee Ellison

13. Birthplace: Kentucky /
(City, town, or county) (State or foreign country)

14. Maiden name: Eva Hogue

15. Birthplace: Arkansas /
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy: 46

16. (a) Informant: Arthur Adams

(b) Address: Glover Mo.

17. (a) Removal (b) Date thereof: _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Harrisburg Ark.

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? _____

18. (a) Signature of funeral director: Norman White & Sons

(b) Address: Ironton, Missouri

19. (a) 3-9-46 (b) Mrs. Davis Jones
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature: [Signature] (M. D. or other) MD

Address: Ironton Mo Date signed: 3-9-46

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

7
1
0

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

OFFICE No. 4
File Number 446-1922
Date Filed 4-8-46

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 *Robert H. Hill*
Licensed Embalmer No. 3012
P. O. Address *Fronton Miss*

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.