

**FILED JUN 11 1946**

Registration District No. **112**

Primary Registration District No. **4184**

Registrar's No. **17**

1. PLACE OF DEATH:

(a) County **Franklin**  
(b) City or town **Gerald, Missouri Boone**  
(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  
In this community  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin** **36**  
(c) City or town **Gerald, Missouri**  
(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 **Myrtle Fay 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 **--**

6. (b) Name of husband or wife **--** 6. (c) Age of husband or wife if alive **--** years

7. Birth date of deceased **May 1946**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**0 0 0** hr. **5** min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name **John P. Adams** **1**  
13. Birthplace **Norfolk, Arkansas** **1**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Bertina Mae Coory**  
15. Birthplace **Rat, Missouri** **0**  
(City, town, or county) (State or foreign country)

16. (a) Informant **John Adams**  
(b) Address **Gerald, Missouri**

17. (a) **Burial** (b) Date thereof **May 6, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Presbyterian Cemetery**

18. (a) Signature of funeral director **Ernest P. Oltman**  
(b) Address **Gerald, Missouri**

19. (a) **5-6-46** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **8** year **1946** hour **30** minute **30** M.

21. I hereby certify that I attended the deceased from **5-5-46** to **5-5-46**, 19 **46**.  
that I last saw **her** alive on **5-5-46**, 19 **46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Prematurity**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **159**

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) Means of injury **MD**

23. Signature **H. M. Berry** (M. D. or other) **MD**

Address **4210 B Mo** Date signed **5-46**

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

RECEIVED  
District Health Officer No. 9,  
District File Number.....  
Date Filed 6-10-46

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**