

Registration District No. 20

Primary Registration District No. 4031

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Adrian
(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 78 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28
year 1947 hour _____ minute 30 P. M.

21. I hereby certify that I attended the deceased from just 3 yrs.
19 _____ to _____ 19 47
that I last saw him alive on Jan 28 19 47
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary thrombosis Duration _____

Due to Coronary Thrombosis + Hypertension
Due to _____

Other conditions None 94A
(Include pregnancy within 3 months of death)

Major findings:
Of operations Coronary Thrombosis
Of autopsy _____
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) none
(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? _____

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

23. Signature E. G. Plummer (M. D. _____)
Address Adrian Mo Date signed 1-29-47

3. (a) PRINT FULL NAME Sinab Elizabeth Adams
3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Wid 2
6. (b) Name of husband or wife Newton J. Adams 6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased October 5 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Hwfe.

11. Industry or business _____

MOTHER FATHER
12. Name James H. Williams
13. Birthplace Guernsey Co. Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Ellis
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant R. G. Adams
(b) Address Adrian Mo

17. (a) Burial (b) Date thereof 1-30-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crescent Hill Cem.

18. (a) Signature of funeral director Creath + Sif
(b) Address Adrian Mo.

19. (a) Jan 29 1947 (b) Myra Owens
(Date received local registrar) (Registrar's signature)

16

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

7
9
0

Case # 3-17
Sept-17-1917
DISEASE
DISEASE
DISEASE

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 and
Fred J. Leath # 3343, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____ Leath

Licensed Embalmer No. 3650

P. O. Address Adrian 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.