

S. No. 2
M-5-43
v. 5-17-39
I X36671

FILED JUN 13 1947

3007

Registrar's No. **227**

Registration District No. **43** Primary Registration District No. **3007**

1. PLACE OF DEATH:

(a) County **Butler**

(b) City or town **Poplar Bluff**

(c) Name of hospital or institution: **202 South 11th St.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **36 Years.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Butler**

(c) City or town **Poplar Bluff**
(If outside city or town limits, write "RURAL")

(d) Street No. **202 South 11th St.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Effie Agness 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 **Married**

6. (b) Name of husband or wife **J. William Adams** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **July 1st 1879**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	11	9	hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **John W. Gray**

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

14. Maiden name **Anna McClure**

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

16. (a) Informant **J. William Adams**

(b) Address **Poplar Bluff, Missouri.**

17. (a) **Burial** (b) Date thereof **6-5-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Frank Cotrell Chapel**

(b) Address **412 Vine St. Poplar Bluff, Mo.**

19. (a) **6-2-47** (b) **R. H. Minter**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **Third** year **1947** hour **4** minute **A.** M.

21. I hereby certify that I attended the deceased from **June 1, 1947** to **June 3, 1947** that I last saw **or** alive on **June 3, 1947** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**

Due to _____

Due to _____

Other conditions **94A**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

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) (e) Means of injury _____

Signature **Alfred R. Stone M.D.** (M.D. or other)

Address **Poplar Bluff, Mo.** Date signed **6/2/47**

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 Office

District File Number 447-832

Date Filed 6-10-22

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.