S. No. 2
M—2-43
15-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 15 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20746

Registration District No. 127 Primary Registration District No. 4214 Registrar's No. 154

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

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Deepwater (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 6 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Deepwater Mo (If outside city or town limits, write "RURAL")
(d) Street No. 2 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Laura Etta Adams.
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 Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 16 (Day) 1862 (Year)
8. AGE: Years 84 Months 11 Days 12 If less than one day hr. min.
9. Birthplace Peoria (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business

MOTHER FATHER
12. Name Jerry Land
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Amanda Gaylord
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Dora Freer
(b) Address Deepwater Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 8 (Day) 47 (Year)
(c) Place: burial or cremation Deepwater Cemetery
18. (a) Signature of funeral director Jesse Durst
(b) Address Deepwater Mo
19. (a) 7-7-1947 (Date received local registrar) (b) P. P. Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1947 hour 12 minute 30 P. M.
21. I hereby certify that I attended the deceased from 2 19 to July 6 19 47 that I last saw her alive on June 30 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Epidermoid Cancer	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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)
(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? (e) Means of injury

23. Signature Geo. S. Wright M. D. (M. D. or other)
Address Clinton Mo Date signed July 8 47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Health Officer No. 7
Number 6-47-83 2
Date Filed 7-14-47

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 Tom Hurst

Licensed Embalmer No. 2282

P. O. Address Drexmater 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.

o. 2B
-3-45
1 X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. July 154

Registration District No. 137 Primary Registration District No. 421 X Registrar's No. 154

1. PLACE OF DEATH:

(a) County Henry (b) City or town Deepwater
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town
(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

3. (a) PRINT FULL NAME Laura E. Adams
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 26 1863 (Month) (Day) (Year)
8. AGE: Years 84 Months 11 Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country) Ill
10. Usual occupation Home Keeper
11. Industry or business "

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 7-17-47 (Date received local registrar) (b) A R Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 16 year 1947 hour ... minute ... M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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)
(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? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

5-20746