

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECD DEC 22 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

40050
Do not use this space.

1. PLACE OF DEATH

(a) County Pike Registration District No. 688.
 (b) Township Pena Primary Registration District No. 4412.
 (c) City Frankford (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 352 John S. Adams
Frankford, Missouri St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Deliah Adams
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 14 - 1840
 7. AGE YEARS 98 MONTHS 1 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Madison County,
 (STATE OR COUNTRY) Kentucky

FATHER 13. NAME Isaac N. Adams

14. BIRTHPLACE (CITY OR TOWN) Indiana
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Patry Rudes

16. BIRTHPLACE (CITY OR TOWN) North Carolina
 (STATE OR COUNTRY)

17. INFORMANT Mrs. W. R. McIntosh
 (ADDRESS) Frankford Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Fairview Cemetery DATE Nov. 27, 1938

19. FUNERAL DIRECTOR Smith Funeral Home
 (ADDRESS) 902 Broadway, Kansas City, Mo.

20. FILED Nov 27 1938 Mattie Unsell
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1938, to Nov. 25, 1938

I last saw him alive on Nov. 25, 1938 Death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

Branchio - pneumonia

Date of onset

Other contributory causes of importance: 10/11/38

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) O. W. Anderson, M. D.

(Address) Frankford Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-38-931

Date Filed 12-15-38

STATEMENT BY LICENSED EMBALMER

I, Body not embalmed, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Crawford Smith

Licensed Embalmer No. 3714

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.)