

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.

Dr. Gregg

REC'D OCT 1 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

32646

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411  
(b) Township Salina Primary Registration District No. 2002  
(c) City Jasper (d) Street No. Freeman Hospital Registered No. St.  
(e) Length of residence in city or town where death occurred 7 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? 7 yrs. 0 mos. 0 ds.

2. PRINT FULL NAME

(a) Residence, No. 820 Penn Ave St. Mo. (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Brock Adams  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10-1884  
7. AGE YEARS 55 MONTHS 8 DAYS 2 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Time Mining  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platts City Mo

13. NAME no Record

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Mrs Bertha Adams  
820 Penn Ave

18. BURIAL, CREMATION, OR REMOVAL Colley Run Platts City Sept 14 39

19. FUNERAL DIRECTOR (ADDRESS) Thornhill-Dillon  
44 West 2nd

20. FILED 9-15-39 Ed D. Jarner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12 39

22. I HEREBY CERTIFY That I attended deceased from April 23 1939 to Sept 12 39

I last saw him alive on Sept 12 1939 Death is said to have occurred on the date stated above, at 1:50 p.m.

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

General Arteriosclerosis  
of the Abdominal Viscera  
46

Other contributory causes of importance:

Coronary Lesion

Arteriosclerosis

Name of operation Exploratory Date of Sept 30

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 \_\_\_\_\_, 19\_\_\_\_

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? no

If so, specify \_\_\_\_\_ (Signed) Ed D. Jarner M. D.

Address Platts City Mo.

(Licensed Embalmer's Statement on Reverse Side)

372

RECEIVED

District Health Officer No. 6,

District File Number 1039-2050

Date Filed OCT 10 1939

STATEMENT BY LICENSED EMBALMER

I, Carol Shumlee, 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 \_\_\_\_\_

Licensed Embalmer No. 3590

**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.)**