

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FILED MAR 11 1940

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

7479

Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery
(b) Township Jefferson
(c) City Wellsville

Registration District No. 595

Primary Registration District No. 4353

Registered No. 3

(d) Street No. 8 (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. (How long in U. S., if of foreign birth? yrs. mos. ds.)

2. PRINT FULL NAME

(a) Residence, No. City St. City (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Adams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 29, 1855
7. AGE YEARS 84 MONTHS 6 DAYS 1 If LESS than 1 day, hrs. min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
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) (STATE OR COUNTRY) Auburn Co. Mo.

FATHER 13. NAME George Adams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Campbell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Fred A Adams
Wellsville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellsville city DATE 3-1 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. B. Echols
Wellsville Mo.

20. FILED March 1 1940 Mrs. Mike McBurney Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 29 1940

22. I HEREBY CERTIFY, that I attended deceased from Jan 29 1940 to Feb 29 1940

I last saw him alive on Feb 29 1940 Death is said to have occurred on the date stated above, at 3:30 a.m.

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

Myocardial infarction
of heart - coronary
arteriosclerosis

Date of onset 1935

Other contributory causes of importance:

Diabetes Mellitus
Chronic

Name of operation Bright's Date of none
What test confirmed diagnosis? blood Was there an autopsy? no

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 R. B. Echols M. D.
(Signed) R. B. Echols Address Wellsville Mo

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, on the 24

day of Feb 1940

, or by

Registered Apprentice No....., working under my personal supervision.

Signed

[Signature]

Licensed Embalmer No. 1487

P. O. Address Waukegan City, 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, above space should be left blank.