

Registration District No. 272

Primary Registration District No. 5379

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava, Rural Benton
(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 9
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME John Quincy Adams 352

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Arizona Adams 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Dec. 4 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 4 8 _____ hr. _____ min.

9. Birthplace Goodhope MO.
(City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business _____

12. Name D. B. Adams

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

14. Maiden name Ruth Jenkins

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

16. (a) Informant Alexis Adams

(b) Address Ava, Mo.

17. (a) burial (b) Date thereof 4 14 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Whornfield

18. (a) Signature of funeral director Clint King

(b) Address Ava, Mo.

19. (a) 19 1940 (b) Reba King White
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Ava Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1940 hour 5 minute 40 P.M.

21. I hereby certify that I attended the deceased from April 9
1940 to April 12 1940;

that I last saw him alive on April 12 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 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? _____

971 _____
While at work? (Specify type of place) _____

(e) Means of injury _____

23. Signature Dr. C. P. Karlan (M. D. or other) D.O.

Address Ava, Missouri Date signed April 15 1940

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

4

RECEIVED

District Health Officer No. 6,

District File Number 540-1210

Date Filed MAY 3 1940

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, above space should be left blank.