

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

16255

MAY 15 1940

Registration District No. 821

Primary Registration District No. 6070

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Scott
(b) City or town Sikeston - Rural Route
(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

3. (a) PRINT FULL NAME Gene Adams 3593. (b) If veteran, name war infant 3. (c) Social Security No. infant

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced infant
6. (b) Name of husband or wife infant 6. (c) Age of husband or wife if alive infant years
7. Birth date of deceased February 16 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 1 17 hr. min.9. Birthplace Sikeston Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER
12. Name Bill Adams
13. Birthplace Sikeston Missouri
(City, town, or county) (State or foreign country)
14. Maiden's name Fern Butler
15. Birthplace Mississippi County Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bill Adams
(b) Address Sikeston, Missouri17. (a) Burial (b) Date thereof April 3 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Carpenter Cemetery18. (a) Signature of funeral director [Signature](b) Address Sikeston, Missouri19. (a) 5-9-1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Scott
Rural Richland Township
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd
year 1940 hour 1 minute 00 A. M.21. I hereby certify that I attended the deceased from Mar 22, 1940 to Apr 3, 1940
that I last saw him alive on Apr 2, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Pneumonia 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? 7/40

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 1122 E. Sikeston Date signed 4-4-40

104

RECEIVED

District Health Officer No. 2,

District File Number 540-1038

Date Filed 5/14/40

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

16255

Registration District No. 821

Primary Registration District No. 6070

Registrar's No.

1. PLACE OF DEATH:

- (a) County Scott
(b) City or town Richland Twp.
(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)

3. (a) PRINT FULL NAME

Gene Adams

3. (b) If veteran Benefit 3. (c) Social Security No.

4. Sex m 5. Color or race w 6. (a) Single, widowed, divorced inf

6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive. year

7. Birth date of deceased (Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

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) (b) Date thereof (Month) (Day) (Year)

- (c) Place: burial or cremation

18. (a) Signature of funeral director

- (b) Address

19. (a) (b) (Registrar's signature)

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) If foreign born, how long in U. S. A. years.

3. MEDICAL CERTIFICATION

20. DATE OF DEATH Month apr day 3 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19

- that I last saw him alive on and that death occurred on the date and hour stated above

- Immediate cause of death Pneumonia Duration

- John

- Due to

- Due to

- Other conditions (include pregnancy within 3 months of death)

- Major findings: Of operations

- Of autopsy

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?

- While at work? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other)

- Address St. Louis Mo signed

SUPPLEMENTARY

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

