

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.

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 15 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 225-18

Registration District No. 689

Primary Registration District No. 5917

Registrar's No.

1. PLACE OF DEATH:

(a) County: Pike
(b) City or town: Rural - Buffalo 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 years, months or days)
In this community.

3. (a) PRINT FULL NAME: William Adams 352

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

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

6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: March 16 (Month) 1852 (Day) (Year)

8. AGE: Years 82 Months 3 Days 0
If less than one day hr. min.

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

10. Usual occupation: Retired

11. Industry or business: Lumber

12. Name: Theodore Adams

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

14. Maiden name: Nancy Trimble

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

16. (a) Informant's own signature: Family Record

(b) Address: at H. W. Adams Home

17. (a) Burial (b) Date thereof: 6/18/40 (Month) (Day) (Year)

(c) Place: burial or cremation: River View

18. (a) Signature of funeral director: J. H. Hally

(b) Address: Louisiana Mo

19. (a) (Date received local registrar) 6/17/40 (b) (Registrar's signature) J. H. Hally

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Pike
(c) City or town: Rural - Louisiana
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16-
year 1940 hour 18 minute 15 p. M.

21. I hereby certify that I attended the deceased from Jan. 1, 1940 to June 16, 1940
that I last saw him alive on June 2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral Insufficiency

Due to: Rheumatism

Due to: 920

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: J. H. Hally (M. D. or other)

Address: Louisiana Mo Date signed: 6/17/40

RECEIVED

District Health Officer No. 10

District File Number 7-40-1356

Date Filed JUL 8 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.....

George O. Wagner, Registered Apprentice No.....
working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, La.

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.