

Registration District No. 125

Primary Registration District No. 9009

Registrar's No. 282

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Southeast Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 wks.
(Specify whether _____)
In this community 18 yrs.
years, months or days

3. (a) PRINT
FULL NAMEOrlando pool Adams

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

Wife

6. (c) Age of husband or wife if

alive

25 years

7. Birth date of deceased

June
(Month)25
(Day)1858
(Year)

8. AGE:

Years

82

Months

2

Days

If less than one day

hr.

min.

9. Birthplace

D. R.
(City, town, or county)Tenn.
(State or foreign country)

10. Usual occupation

Surgeon

11. Industry or business

Retired Druggist

12. Name

Th. R.

13. Birthplace

D. R.
(City, town, or county)Tenn.
(State or foreign country)

14. Maiden name

D. R.

15. Birthplace

D. R.
(City, town, or county)Tenn.
(State or foreign country)

16. (a) Informant's own signature

Eva Adams

(b) Address

971 Fred. Cape Girardeau, Mo17. (a) Burial

(Burial, cremation, or removal)

(b) Date

Aug 26, 1940
(Month) (Day) (Year)

(c) Place: burial or cremation

Thompson Cemetery

18. (a) Signature of funeral director

Thompson

(b) Address

Cape Girardeau, Mo

19. (a)

8-25-40
(Date received local registrar)

(b)

Thompson
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape
(c) City or town Cape Girardeau
(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 Aug day 25 1940
year _____ hour 11:45 minute 01 M.

21. I hereby certify that I attended the deceased from MAY 20
1940 to Aug 25 1940
that I last saw him alive on Aug 24 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemiplegia

Duration

4 mos

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?
121
(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature George D. Shaker (M. D. or other) _____
Address Cape Girardeau, Mo Date signed 8/26/40

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.