

DEC 20 1940

Registration District No. 562

Primary Registration District No. 4331

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Miller  
(b) City or town Iberia  
(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) 2  
In this community 16 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Miller  
(c) City or town Iberia  
(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. (a) PRINT FULL NAME WILLIAM HERBERT ADAMS

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Sadie Adams 6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased Feb. 23 - 1875  
(Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 19 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Veterinary

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Daniel Adams

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

14. Maiden name Elizabeth Wagner

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

16. (a) Informant Mrs. Sadie Adams

(b) Address Iberia, Mo.

17. (a) Buried (b) Date thereof Nov. 13 - '40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Iberia Cemetery

18. (a) Signature of funeral director A. C. Casey

(b) Address Iberia, Mo.

19. (a) 11/18/40 (b) Mrs. W. A. Young  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11 year 1940 hour 10 minute 40 P. M.

21. I hereby certify that I attended the deceased from April 16, 1940, to Nov. 11, 1940;  
that I last saw him alive on Nov. 10, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis - General

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Myocardial failure  
(Include pregnancy within 3 months of death)  
due to coronary sclerosis

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 3

23. Signature Wm. A. Gould (M. D. or other) DO  
Address Iberia Mo Date signed 11/15/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

Miller County Health Dep't.

County File Number 40-112

Date Filed 12/9/40

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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. 2694

P. O. Address Brea Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**