

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Barnard, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community Most of life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Barnard Mo. City
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13th day Dec
year 1940 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb. 4
1940 to Dec. 13, 1940
that I last saw him alive on Dec. 1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate 3 yrs
Duration

Due to _____
Due to _____

Other condition metastasis in pelvis & spine
(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? _____

(Specify type of place)
While at work? 545
(e) Means of injury _____
23. Signature W. H. Landfather, Co.
Address Maryville, Mo. Date signed 12-14-40

3. (a) PRINT FULL NAME George B Adams
3. (b) If veteran. No name war. No
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 Frankie Lincoln 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 26 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 57 0 17 hr. _____ min.

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

10. Usual occupation Farmer and Chicken Raising

11. Industry or business _____

MOTHER FATHER { 12. Name Eli Adams
18. Birthplace Unknown Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Rachel Baker
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frankie Adams
(b) Address Barnard Missouri

17. (a) Burial (b) Date thereof 12-15-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barnard Cemetery

18. (a) Signature of funeral director Camille Tompkins

(b) Address 957 South Main Maryville Mo.

19. (a) 12/15/40 (b) Chas. D. Hubert
(Date received by registrar) (Registrar's signature)

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

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 _____

W. Dean Campbell

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

W. Dean Campbell

Licensed Embalmer No. _____

2620

P. O. Address _____

Marshall Mo

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.