

JAN 25 1941
Registration District No. _____

Primary Registration District No. 3033

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Parisiana Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pike Co. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike

(c) City or town Asheburn Mo
(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 SHERMAN 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 Barbara Adams 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased 9 (Month) 7 (Day) 1865 (Year)

8. AGE: Years 75 Months 3 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Erwin Adams

13. Birthplace Christian Co, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Jane Stannell

15. Birthplace Dark Knob
(City, town, or county) (State or foreign country)

16. (a) Informant Melvin Adams

(b) Address Bowling Green (SON)

17. (a) Burial (b) Date thereof 12-22-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green Cem

18. (a) Signature of funeral director James Bantread

(b) Address Bowling Green Mo

19. (a) 12-21-40 (b) J. O. Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 20 year 40 hour 9 minute 10 P M.

21. I hereby certify that I attended the deceased from 12-19, 1940, to 12-20, 1940

that I last saw h. live on 12-20, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Congestion

Due to Chronic Nephritis

Due to Comp. steadily

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? No

23. Signature Charles C. Jewell (M. D. or other) _____
Address Parisiana Mo Date signed 12/20/40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

82
5
1

RECEIVED

District Health Officer No. 10

District File Number 1-41-11

Date Filed JAN 7 1941

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

Grace Barford

Licensed Embalmer No.

2204

P. O. Address

Barford Green

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, fact should be so stated above.