

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2146

State File No.

JAN 25 1941

Registration District No. 143

Primary Registration District No. 5205

Registrar's No.

1. PLACE OF DEATH:

- (a) County Carter
 (b) City or town Van Buren (Rural)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 years (Specify whether
 In this community years, months or days)

3. (a) PRINT
FULL NAMEJames A. Adams3. (b) If veteran,
name war.World War3. (c) Social Security
No.4. Sex M.5. Color or
race W.6. (a) Single, widowed, married,
divorced Married

6. (b) Name of husband or wife

Rosa Bell6. (c) Age of husband or wife if
alive 54 years

7. Birth date of deceased

March 20 1885

(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

5595

hr. min.

9. Birthplace

Schuyler Co. Mo

(City, town, or county)

(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

Farmer

12. Name

John Henry Adams

13. Birthplace

Unknown

(City, town, or county)

(State or foreign country)

14. Maiden name

Adams

15. Birthplace

Mo

(City, town, or county)

(State or foreign country)

16. (a) Informant

Rosa Bell Adams

(b) Address

Van Buren, Mo17. (a) Funeral
(Burial, cremation, or removal)(b) Date thereof 1/21/41
(Month) (Day) (Year)

(c) Place: burial or cremation

Graveside

18. (a) Signature of funeral director

W. L. Leibel

(b) Address

Van Buren, Mo19. (a) 1-14-41
(Date received local registrar)(b) W. L. Leibel
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Carter
 (c) City or town Van Buren (Rural)
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location)

(e) If foreign born, how long in U. S. A.?

years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5th
year 1941 hour 2 minute 0 A.M.21. I hereby certify that I attended the deceased from Jan. 5
1941 to Jan. 6, 1941;
that I last saw him alive on Jan. 5, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death

Bronchopneumonia

Duration

4 da.

Due to

Influenza4 da.

Due to

0

Other conditions

Chronic AsthmaYrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?
25

While at work?

(Specify type of place)

(e) Means of injury

23. Signature Helma Otter Buchholz (M. D. or other) M.D.
Address Van Buren Mo Date signed 1-7-41

RECEIVED

District Health Officer No. 5,

District File Number 14112

Date Filed _____

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. 4053

P. O. Address Van Buren, Ind

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.