

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3865

Registration District No. 688

Primary Registration District No. 4412

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Frankford
(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 Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME James D. Adams

3. (b) If veteran, name war 1 3. (c) Social Security No. 1

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Nellie Off 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased March 3, 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 3 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name John Speed Adams
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Arnett
15. Birthplace Gettysburg Pa.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ruth Spiegel
(b) Address Frankford Missouri
17. (a) Burial (b) Date thereof 1/5/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Frankford Smith
(b) Address 902 Broadway Hannibal
19. (a) Jan 4, 41 (b) Mattie Unsell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike
(c) City or town Frankford
(If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3
year 1941 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from 19, 1941, to 19, 1941;
that I last saw him alive on 19, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Natural Cause Duration 200 N.

Due to 200 N.
Due to 200 N.

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?

While at work? (Specify type of place) (e) Means of injury Coroner

23. Signature Mr. Smith (or other)
Address Louisiana Mo. Date signed 1-3-41

RECEIVED

District Health Officer No. 10

District File Number 2-41-352

Date Filed FEB 15 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

James A. Moles

Licensed Embalmer No. 3296

P. O. Address Hannibal 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.