

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10340

Registration District No. 163

Primary Registration District No. 4095

Registrar's No. 13

1. PLACE OF DEATH:

- (a) County Cedar
(b) City or town El Dorado Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution? 228 W. Spring St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

3. (a) PRINT
FULL NAMECharles B. Adams

3. (b) If veteran,
-
- name war
- V

3. (c) Social Security
-
- No.
- none

4. Sex
- Male

5. Color or
-
- race
- wh

6. (a) Single, widowed, married
-
- divorced
- widowed

6. (b) Name of husband or wife
-
- Miss Adams

6. (c) Age of husband or wife if
-
- alive
- years

7. Birth date of deceased
- August

(Month)

7

(Day)

1855

(Year)

8. AGE:

Years

Months

Days

If less than one day

8571

hr.

min.

9. Birthplace

Springfield Missouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

Ret. Job. meat Inspector

11. Industry or business

12. Name

Unknown

13. Birthplace

Unknown

(City, town, or county)

(State or foreign country)

14. Maiden name

Unknown

15. Birthplace

Unknown

(City, town, or county)

(State or foreign country)

16. (a) Informant

Mrs. Ina Adams

(b) Address

2741 N. 11th St. Kansas

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof

3-11-41

(Month) (Day) (Year)

(c) Place: burial or cremation

Memorial Park Cemetery

18. (a) Signature of funeral director

Nafus Funeral Home

(b) Address

El Dorado Springs Mo

19. (a)

Mar 8 41

(Date received local registrar)

(b)

[Signature]

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County Cedar
(c) City or town El Dorado Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 228 W Spring St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- Mar
- day
- 8th
-
- year
- 1941
- hour
- 2
- minute
- a
- M.

21. I hereby certify that I attended the deceased from
- Feb.
-
- 28th
- , 19
- 41
- , to
- Mar 8
- , 19
- 41
- ;
-
- that I last saw him alive on
- Mar 7
- , 19
- 41
- ;
-
- and that death occurred on the date and hour stated above.

Immediate cause of death

Bronchopneumonia

Duration

Due to

Due to

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 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?
154

While at work?

(Specify type of place)

(e) Means of injury

23. Signature
- C. H. Underwirth
- (M. D. or other)
- SO
-
- Address
- El Dorado Spgs.
- Date signed
- 3-8-41

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. ~~2712~~
working under my personal supervision.

Signed

Glenn W. Maples

Licensed Embalmer No. *2952*

P. O. Address *El Dorado, Ark.*

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.