

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **11602**

APR 7 1942

Registration District No. **194299**Primary Registration District No. **5868**

Registrar's No. _____

1. PLACE OF DEATH

(a) County **Pemiscot**
 (b) City or town **Wardell, Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
No numbered streets
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether
 In this community **3 years**
 years, months or days)

3. (a) PRINT
FULL NAME**Henderson Adams**3. (b) If veteran,
name war **X**3. (c) Social Security
No. **X**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married,
divorced **Married**
 6. (b) Name of husband or wife **Betty Adams** 6. (c) Age of husband or wife if
alive **51** years
 7. Birth date of deceased **December 19, 1882**
 (Month) (Day) (Year)

8. AGE: Years **58** Months **1** Days **18**
 If less than one day
 hr. _____ min. _____

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

10. Usual occupation **retired farmer**

11. Industry or business **farm**

12. Name **Simon Adams**

13. Birthplace **Lickman, Tenn.**
 (City, town, or county) (State or foreign country)

14. Maiden name **Jennie Snop**

15. Birthplace **Lickman, Tenn.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Sibley Adams**

(b) Address **Wardell, Mo.**

17. (a) **Burial** (b) Date thereof **2/8/41**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Portageville, Mo.**

18. (a) Signature of funeral director **J. L. Cressy**

(b) Address **Portageville, Mo.**

19. (a) **2-8-41** (b) **J. L. Cressy**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **7**
 year **1941** hour **12** minute **43 P.M.**

21. I hereby certify that I attended the deceased from
1-20-40, 19, to **2-4-41**, 19;
 that I last saw him alive on **2-4-41**, 19;
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Myocardia!**
Failure

Due to **Chronic bronchitis/asthma**
 Duration **1 week**

Due to **several years**

Other conditions **Melancholia**
 (Include pregnancy within 3 months of death) **several years**

Major findings:
 Of operations **17**

Of autopsy _____
 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?
590

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

23. Signature **J. L. Cressy** (M. D. or other) **J. L. Cressy**

Address **Wardell, Mo.** Date signed **2-8-41**

4-41-1

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

J. G. Schuman

Licensed Embalmer No. *4086*

P. O. Address *Cornithersville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.