

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12402
State File No.

Registration District No. 908

Primary Registration District No. W 574

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Wright Grove
(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 (Specify whether)
In this community: years, months or days

3. (a) PRINT FULL NAME

Robert L. 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 9

6. (b) Name of husband or wife

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

7. Birth date of deceased

Dec. 24 - 1866
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

74

2

10

hr. min.

9. Birthplace:

Tenn.
(City, town, or county)

(State or foreign country)

10. Usual occupation

Code

11. Industry or business

MOTHER FATHER

12. Name

Frank Adams

13. Birthplace

Unknown
(City, town, or county) (State or foreign country)

14. Maiden name

Julia Fathorn

15. Birthplace

Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant

Real Adams

(b) Address

Wright Grove, Mo.

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

March 1-4
(Month) (Day) (Year)

(c) Place: burial or cremation

Hill Creek

18. (a) Signature of funeral director

Russell Barker

(b) Address

Wright Grove, Mo.

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright
(c) City or town Wright Gr.
(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

1941
MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 28 year 1941
hour 11 minute 20 M.

21. I hereby certify that I attended the deceased from Feb 28 to March 1, 1941, that I last saw him alive on Feb 28, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Heart
Coronary Artery Disease
Phlebotomy

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

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?

23. Signature LaVern Young (M. D. or other)
Address Nowood, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6

District File Number 441-653

Date Filed APR 16 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.....

Licensed Embalmer No.....

P. O. Address.....

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.