

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

18868

Registration District No.

755

Primary Registration District No.

59962

Registrar's No.

1. PLACE OF DEATH:

(a) County St Charles
(b) City or town 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 (Specify whether)
In this community Three Yrs
years, months or days

3. (a) PRINT FULL NAME James Adair

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary (Connell) Adair 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased April 4 1882
(Month) (Day) (Year)

8. AGE: Years 59 Months 1 Days 7 If less than one day hr. min.

9. Birthplace CRAWFORD CO Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business

12. Name William Adair
13. Birthplace Dont know
(City, town, or county) (State or foreign country)

14. Maiden name Dont know
15. Birthplace Dont know
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Adair

(b) Address Defiance Mo.

17. (a) Burial (b) Date thereof May 13 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Augusta Mo

18. (a) Signature of funeral director Norma Muschany

(b) Address newville Mo

19. (a) May 12/41 (b) John Clayton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Near Defiance Mo
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day May
year 1941 hour 5 minute 4 M.

21. I hereby certify that I attended the deceased from May 1
1941, to May 9 1941
that I last saw him alive on May 9 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Pericarditis

Due to Tuberculosis of Lungs 3 yrs

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 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?

(Specify type of place) (Specify means of injury)

23. Signature Charles D. Dyer (M. D. or other)

Address Electyville Mo Date signed

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 Morris Muschany

Licensed Embalmer No. 2461

P. O. Address New Melle 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.