

STANDARD CERTIFICATE OF DEATH

State File No. 19137
Registrar's No. 87

Registration District No. 796

Primary Registration District No. 3038

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution?
752 W. Boyd st.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 50 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Isaac William Adams

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

4. Sex M. 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Fannie Wright 6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased 12 7 1864 (Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 27 If less than one day hr. min.

9. Birthplace Saline Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business

MOTHER FATHER { 12. Name John Henry Brown
13. Birthplace Saline Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name Matilda Crosby
15. Birthplace 1 Va. (City, town, or county) (State or foreign country)

16. (a) Informant J.H. Brown Jr.
(b) Address Saline Co. Mo.

17. (a) Burial (b) Date thereof 5 7 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arrow rock Mo.

18. (a) Signature of funeral director F.D. Ferguson

(b) Address Marshall, Mo.

19. (a) 5-7-41 (b) Mary Kent (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 752 W. Boyd (If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 4 year 41 hour 10 minute 05 P.M.

21. I hereby certify that I attended the deceased from Apr 28 to May 4 1941
that I last saw him alive on May 4 1941
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis 4 yrs

Due to

Due to

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

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

Address Marshall Date signed 5/7/41

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-12-41

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.....
working under my personal supervision.

Signed F. D. Ferguson
Licensed Embalmer No. 2172
P. O. Address Marshall

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.