

FILED JUN 9 1941

STANDARD CERTIFICATE OF DEATH

19665

17368

State File No.

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 206

1. PLACE OF DEATH:

(a) County Butler  
 (b) City or town Poplar Bluff, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
None  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler  
 (c) City or town Poplar Bluff, Missouri  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Route 3  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Howard Paul Adams.

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced ---  
 6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 26, 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
None 1 19 4 hr. \_\_\_\_\_ min.

9. Birthplace Poplar Bluff, Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business ---

MOTHER FATHER { 12. Name Raymond Lee Adams.  
 13. Birthplace Parma, Missouri 0  
(City, town, or county) (State or foreign country)  
 14. Maiden name Rosalie Gambill  
 15. Birthplace Parma, Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Adams.  
 (b) Address Poplar Bluff, Missouri

17. (a) BURIAL (b) Date thereof MAY 15, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation BERNIE CEMETERY

18. (a) Signature of funeral director Bernie, Mo.  
 (b) Address \_\_\_\_\_

19. (a) 5/19/41 (b) Kate Lutz  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 15, day \_\_\_\_\_  
 year 1941 hour 9:00 A. Minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from May 14, 1941  
 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_,  
 that I last saw him alive on May 14, 1941, 19\_\_\_\_,  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Bronchial Pneumonia  
following Whooping cough.  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
 Of operations \_\_\_\_\_  
 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?  
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23. Signature J. D. McPherson (M. D. or other) 1  
(Specify type of place) (e) Means of injury  
 Address POPLAR BLUFF MO Date signed 5/15/41

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

RECEIVED

District Health Officer No.

District File Number 641-

Date Filed 6/6/41

**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.....

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, above space should be left blank.**