No. 2
-10-39
7-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22321

FILED JUL 11 1941

Registration District No. 612 Primary Registration District No. 5814 Registrar's No.

1. PLACE OF DEATH:

(a) County Newton

(b) ~~City or town~~ Rural Dam Bro

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: —

(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 Newton 73

(c) City or town Rural 0

(If outside city or town limits write "RURAL")

(d) Street No. — 0

(If rural, give location)

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

8. (a) PRINT FULL NAME JESSE-H-ADAMS.

8. (b) If veteran, name war no

3. (c) Social Security No. —

4. Sex Male 1

5. Color or race White

6. (a) ~~Single, widowed~~, married, ~~divorced~~ Married

6. (b) Name of ~~husband~~ or wife Mary M. Adams

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased March (Month) 26 (Day) 1861 (Year)

8. AGE: Years 80 Months 2 Days 8 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name John Alexander Adams
13. Birthplace — 1 (City, town, or county) North Carolina (State or foreign country)

MOTHER
14. Maiden name Lizzie Conde
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Walter J. Adams

(b) Address Pierce City Mo R 2 #

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June (Month) 6 (Day) 1941 (Year)

(c) Place: burial or cremation Sarcoxie Cemetary

18. (a) Signature of funeral director Mrs Glen C. Cole

(b) Address Sarcoxie Missouri

19. (a) 6-5-1941 (Date received local registrar) (b) Grace Hudson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1941 hour 6 minute 2 M.

21. I hereby certify that I attended the deceased from May 29, 1941, to June 4, 1941 that I last saw him alive on June 3, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial-Pneumonia	5 days
Due to	
Due to	
Other conditions C. Ins. Myocarditis (Include pregnancy within 3 months of death)	4 years

93 D

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)

5 4 (1) While at work? (e) Means of injury 0

23. Signature E B Wright (M. D. or other)

Address Pierce City Mo. Date signed 6-6-1941

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 741-1058
Date Filed JUL 10 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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.