

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32093

State File No.

FILLED OCT 15 1941

Registration District No. 33

Primary Registration District No. 4033

Registrar's No. 96

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Gideon Anderson
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Isaac Adams

3. (b) If veteran, name war — 3. (c) Social Security No. 487-14-0197

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive, years 22nd

7. Birth date of deceased Nov. - 22nd 1887
(Month) (Day) (Year)

8. AGE: Years 53 Months 10 Days 16 If less than one day hr. min.

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

10. Usual occupation Mill labor

11. Industry or business

12. Name Wm Adams

13. Birthplace Tenn. (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace Elliz Howard Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Geo. Adams

(b) Address Campbell, Mo.

17. (a) Burial (b) Date thereof Oct. 10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Campbell Woodlawn

18. (a) Signature of funeral director Handless & Son

(b) Address Campbell, Mo.

19. (a) Oct. 10 - 41 (b) Handless & Son
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Gideon City
(If outside city or town limit, write "RURAL")
(d) Street No. — (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8
year 1941 hour 8:10 minute — P. M.

21. I hereby certify that I attended the deceased from — 19— to — 19—;

that I last saw him — alive on — 19—;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Acute

Due to —

Due to —

Other conditions —
(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 Leo Hedgespeth (Physician or other)

Address New Madrid, Mo. Date signed Oct 10 1941

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

RECEIVED

District Health Office No. 2,

District File Number 1041-1418

Date Filed 10/13/41

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 Christina M Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, M

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.