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26390

FILED DEC 14 1941
566

Registration District No. _____

Primary Registration District No. 3030

Registrar's No. 122

1. PLACE OF DEATH:

(a) County. MISSISSIPPI
(b) City or town. CHARLESTON JUN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
409 E. COMMERCIAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community. ALL OF LIFE (Specify whether years, months or days)

3. (a) PRINT FULL NAME WILLIAM CLAYTON ADAMS

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced. MARRIED
6. (b) Name of husband or wife. MRS GERTRUDE ADAMS 6. (c) Age of husband or wife if alive. 51 years
7. Birth date of deceased. MARCH 23, 1872 (Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 19 If less than one day hr. min.

9. Birthplace CHARLESTON O Mo (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business PAINTER - PAPER HANGER

MOTHER FATHER { 12. Name JASON H. ADAMS
13. Birthplace BENTON TENNESSEE (City, town, or county) (State or foreign country)
14. Maiden name SARAH BRYANT
15. Birthplace TENNESSEE (City, town, or county) (State or foreign country)

16. (a) Informant MRS GERTRUDE ADAMS

(b) Address 409 E. COMMERCIAL - CHARLESTON, MO

17. (a) BURIAL (b) Date thereof 11-13-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE - CHARLESTON, MO

18. (a) Signature of funeral director. J. D. Vernon
(b) Address CHARLESTON, MO
19. (a) 11-16-41 (b) J. D. Vernon (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. MISSISSIPPI 67
(c) City or town. CHARLESTON 1
(If outside city or town limits, write "RURAL")
(d) Street No. 409 E COMMERCIAL 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. O

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. NOVEMBER day 12th
year 1941 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from Nov 2 1941 to Nov 12 1941
that I last saw him alive on Nov. 11 1941
and that death occurred on the date and hour stated above.

Immediate cause of death. Pneumonia Duration 10 days

Due to Chronic Hepatitis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations. Of autopsy. PHYSICIAN 1218 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?

While at work? (Specify type of place) (e) Means of injury _____

23. Signature William J. Davis M. D. or other. JMD
Address Charleston MO Date signed 10-13-41

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

RECEIVED

District Health Office No. 2

District File Number 1241-1630

Date Filed 12/5/41

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..... E. E. Nunnelie

Licensed Embalmer No. 4164

P. O. Address..... Charleston, 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, fact should be so stated above.