

No. 2  
9-4-41  
-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **43090**

JAN 13 1942 **83**

Registration District No. \_\_\_\_\_

Primary Registration District No. **6029**

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH: **Ste. Genevieve.**

(a) County \_\_\_\_\_

(b) City or town: **Rural Ste. Genevieve**  
(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 \_\_\_\_\_  
In this community: **35 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME: **John Anderson Adams.**

3. (b) If veteran, name war: **no**

3. (c) Social Security No.: **no**

4. Sex: **M** 0

5. Color or race: **w**

6. (a) Single, widowed, married, divorced: **Widowed**

6. (b) Name of husband or wife: **Not living**

6. (c) Age of husband or wife if alive: **no** years

7. Birth date of deceased: **9** (Month) **4** (Day) **1859** (Year)

8. AGE: Years **82** Months **3** Days **4** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: **Missouri.** 0  
(City, town, or county) (State or foreign country)

10. Usual occupation: **Farmer**

11. Industry or business: **-**

MOTHER FATHER { 12. Name: **David Adams.**

13. Birthplace: **Missouri** 0  
(City, town, or county) (State or foreign country)

14. Maiden name: **Katie Schrum**

15. Birthplace: **Missouri.** 0  
(City, town, or county) (State or foreign country)

16. (a) Informant: **D.A. Adams**

(b) Address: **Coffman Mo.**

17. (a) \_\_\_\_\_ (b) Date thereof: **12/29-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Hainey**

18. (a) Signature of funeral director: **Richardson Funeral Home**

(b) Address: **Farmington Mo.**

19. (a) **12/29-41** (b) **Wm. A. D. Boyd**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **27**  
year **1941** hour **3** minute **P.M.**

21. I hereby certify that I attended the deceased from **July 13** 19**41** to **Dec 27** 19**41**  
but I last saw **him** alive on **July 13** 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic myocarditis**  
**Senile atherosclerosis**  
**Chronic interstitial nephritis**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death)

Major findings: **131a**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury: **0**

23. Signature: **Raphbury** (M. D. or other) \_\_\_\_\_  
Address: **Farmington Mo** Date signed: **12/29/41**

**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 Chas Richardson  
Licensed Embalmer No. 3167  
P. O. Address Hampton Va

**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.**