

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Calloway
2200
State File No.
Registrar's No. 365

FILED FEB 13 1942
Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bapst. Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 Hours
(Specify whether years, months or days)
In this community 20 Hours

3. (a) PRINT

FULL NAME Park D. 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 Bertha Adams 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased July 31 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 5 13 hr. min.

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

10. Usual occupation Circuit Clerk

11. Industry or business Cedar County, Mo.

MOTHER FATHER { 12. Name Alfred Adams
13. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Mary J. Willis
15. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Adams
(b) Address Stockton, Mo.

17. (a) Burial (b) Date thereof Jan. 16 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caplinger Mills

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 1-16-42 (b) Dr. W. H. Haulley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Stockton
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14
year 1942 hour 11 minute 10 a. M.

21. I hereby certify that I attended the deceased from Jan 13
1942 to Jan 14 1942
that I last saw him alive on Jan 14 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 2 wks.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 838

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 _____

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) (e) Means of injury WMD

While at work? _____

23. Signature Dr. Calloway (M. D. or other) WMD

Address Springfield, Mo. Date signed 1/15/42

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

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.....

Walter E. Hamellen

Licensed Embalmer No.....

3808

P. O. Address.....

Springfield, 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.