

No. 2
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5-17-39
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2487

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 18 1942
Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
KCS Tracks---20th & Michigan /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether)
In this community None
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Crawford
(c) City or town Pittsburg, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 613 East Twenty-first
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Roy L. Adams

3. (b) If veteran, name war _____ 3. (c) Social Security No. 702-12-0312

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

6. (b) Name of husband or wife Edith Adams 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased February 14, 1891
(Month) (Day) (Year)

8. AGE: Years 50 Months 11 Days 6 If less than one day hr. _____ min.

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

10. Usual occupation K.C.S. Conductor

11. Industry or business _____

12. Name John G. Fox

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

14. Maiden name Madge Adams

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edith Adams

(b) Address 613 East 21st, Pittsburg, Mo.

17. (a) Removal (b) Date thereof 1/20/42
(Usual, permanent, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park Pts.

18. (a) Signature of funeral director Heveland

(b) Address Joplin, Mo.

19. (a) 1-23-42 (b) Ed L. Adams
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Jan day 19
year 1942 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____;
that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Burned in RR train wreck

Due to _____

Due to _____

Other conditions 169-135
(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) Accident

(b) Date of occurrence Jan 9 1942

(c) Where did injury occur? Joplin (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home

While at work? No (Specify type of place) (e) Means of injury Coconut

23. Signature P. W. Roberts (M. D. or other)

Address Pittsburg, Mo. Date signed Jan 21 1942

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

42-1-87

MAR 3 1942

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 Steve D. Parker

Licensed Embalmer No. 2548

P. O. Address Goplen me

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.