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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1942

Registration District No. 411

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2488

Primary Registration District No. 2002

Registrar's No.

49

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 212 E. 18th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 10 years;

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin,
(If outside city or town limits, write "RURAL")
(d) Street No. 212 E. 18 th St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME John 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 Della Adams
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased Dec. 8, 1896 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
45	1	0	hr. min.

9. Birthplace Stone Co. Mo; (City, town, or county) (State or foreign country)
10. Usual occupation laborer
11. Industry or business
MOTHER FATHER
12. Name George Adams
13. Birthplace Arkansas (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rosa Faulkner
15. Birthplace Lawton Kansas. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Della Adams
(b) Address 212 E. 18th St; Joplin Mo;
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 8, 42 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cem
Hurlbut Und. Co;
18. (a) Signature of funeral director
(b) Address Joplin Mo;
19. (a) 1-7-42 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 7, day 1942;
year hour 2-40 A. M. minute M.
21. I hereby certify that I attended the deceased from 1-6, 1942 to 1-6, 1942
that I last saw h alive on Jan 6 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuber. Tuberculosis, Pul.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 13 f 1	
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
(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? (Specify type of place)
While at work? (e) Means of injury D

23. Signature H. E. Hennen (M. D. or other)
Address 314 Miners Bank Date signed 1-7-42

(Licensed Embalmer's Statement on Reverse Side)

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

42-1-58

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.