No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 30 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3774

Registration District No. 806 Primary Registration District No. 4485 Registrar's No.

98 0 0

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

1. PLACE OF DEATH:
(a) County Schuyler
(b) City or town Queencity MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Schuyler
(c) City or town Queencity MO
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Thomas B. Adams
3. (b) If veteran, name war None
3. (c) Social Security No. —

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Lucy (Deceased)
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 6 (Month) 6 (Day) 1850 (Year)

8. AGE: Years 91 Months 5 Days 2 If less than one day hr. min.

9. Birthplace Bennick MO (City, town, or county) (State or foreign country)
10. Usual occupation Retired Business man
11. Industry or business —

MOTHER FATHER
12. Name Robert Adams
13. Birthplace Montgomery Co Ky (City, town, or county) (State or foreign country)
14. Maiden name Priscilla Parmer
15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant Mrs C B Clark Daughter
(b) Address 3423 Baker Ave Kansas City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 10 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Queencity Cemetary
18. (a) Signature of funeral director Wm N West
(b) Address Queencity MO
19. (a) 11-10-1941 (Date received local registrar) (b) Olive B Jones dep (Registrar's signature)

718 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8th
year 1941 hour 3 minute P M.
21. I hereby certify that I attended the deceased from Nov. 4th, 1941, to Nov 8, 1941; that I last saw h[illegible] alive on Nov 8th, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	4 da
Due to: Pneumonia	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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

23. Signature J O Coffey (M. D. or other)
Address Queencity Mo Date signed Nov. 10-41

RECEIVED
District Health Officer No. 10
District File Number 1-42-75
Date Filed JAN 15 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 Self

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

working under my personal supervision.

Signed Wm M West

Licensed Embalmer No. 2882

P. O. Address Queencity 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.