

1. PLACE OF DEATH:

(a) County ANDORAIN
 (b) City or town VANDALIA
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
505 WEST WASHINGTON
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 16 YEARS (Specify whether
 In this community. years, months or days)

3. (a) PRINT
 FULL NAME

JOHN ARMOR ADAMS

3. (b) If veteran,
 name war

3. (c) Social Security

No. 497-09-9970

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married,
 divorced MARRIED
 6. (b) Name of husband or wife Ella Adams 6. (c) Age of husband or wife if
 alive 54 years
 7. Birth date of deceased OCTOBER 22 1980
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 4 17 hr. min.

9. Birthplace PIKE COUNTY MISSOURI
 (City, town, or county) (State or foreign country)

10. Usual occupation SECTION HAND

11. Industry or business HARRISON-WALKER Refect

12. Name THOMAS JEFFERSON ADAMS

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

14. Maiden name MARTHA WHITLOCK

15. Birthplace PIKE COUNTY MISSOURI
 (City, town, or county) (State or foreign country)

16. (a) Informant Shirley Adams

(b) Address Detlev Selig

17. (a) BURIAL (b) Date thereof MAR 11 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MOUNT ZION CEMETARY

18. (a) Signature of funeral director W. B. ELMORE

(b) Address BOWLING GREEN MO

19. (a) MARCH 10 '42 (b) Mallie Fugua
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ANDORAIN
 (c) City or town VANDALIA
 (If outside city or town limits, write "RURAL")
 (d) Street No. 505 WEST WASHINGTON
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9th day March
 year 1942 hour 3:50 minute P M.

21. I hereby certify that I attended the deceased from Dec. 30
1941, to March 9, 1942
 that I last saw him alive on March 9, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis
Chronic Bronchial
Asthma
 Due to 10 wk.
 Due to 12 yrs.

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:

- Of operations 112
 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?

While at work? (Specify type of place) (c) Means of injury

23. Signature Dr. R. E. Marshall (M. D. or other) DO
 Address Vandalia Mo. Date signed Mar 10

MAR 17 1942

RECEIVED

District Health Officer No. 10

District File Number 10-42-438

Date Filed MAR 13 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.....

W. B. C. Moore

Licensed Embalmer No. 3466

P. O. Address *Bowling Green*

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.