

FILED MAR 13 1942
318

Registration District No. _____

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 **Burge Hospital**
(If not in hospital or institution, write street number and location) **One day**
(d) Length of stay: In hospital or institution **Life time**
(Specify whether In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **305 N. Nettleton**
(If rural, give location) **0**
(e) Citizen of foreign country? **No**
(Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **12**
year **1942** hour **2** minute **--** A.M.

21. I hereby certify that I attended the deceased from **Feb 11** to **Feb 12** 19**42**
that I last saw him alive on **Feb 12** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **acute scoliosis**
(1) Frozen meninges
(2) Prematurity
Due to _____
Due to _____

Duration

Other conditions
(Include pregnancy within 3 months of death) **159**

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? _____

While at work _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature **W. H. Burke** (M. D. or other) _____
Address **410 Broadway Bldg** Date signed **2/27/42**

3. (a) PRINT FULL NAME **Ronald Dean Adams.**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **NO**

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **XX** years

7. Birth date of deceased **December 20 1941**
(Month) (Day) (Year)

8. AGE: Years **None** Months **1** Days **22**
If less than one day _____ hr. _____ min.

9. Birthplace **Springfield, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business _____

12. Name **Raymond E. Adams**

13. Birthplace **Fair Mount, Kans.**
(City, town, or county) (State or foreign country)

14. Maiden name **Ruby Mooneyhan**

15. Birthplace **Republic, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ruby Adams.**

(b) Address **305 N. Nettleton, City.**

17. (a) **Burial** (b) Date thereof **2-13, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Harrington Cemetery**

Dunn Funeral Home

18. (a) Signature of funeral director _____

(b) Address **629 West Walnut, Springfield, Mo**

19. (a) **2-13-42** (b) **S. W. Handley**
(Date received local registrar) (Registrar's signature)

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

Lawrence D. Hall

Licensed Embalmer No.

2784

P. O. Address

Shenfield, Md.

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.