

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
507 South New York
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community fifty-five years
years, months or days)

3. (a) PRINT FULL NAME Andrew Jackson Adams

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

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

7. Birth date of deceased Feb. 21, 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 1 If less than one day
hr. _____ min.

9. Birthplace Howard County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation laborer (retired)

11. Industry or business _____

MOTHER FATHER { 12. Name unknown
13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clyde Forth (granddaughter)
(b) Address 1001 S. Montgomery, Sedalia, Mo.

17. (a) Burial (b) Date thereof April 24, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Quane Ewing
(b) Address Sedalia, Missouri

19. (a) April 23, 1942 (b) Mrs. Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 507 South New York
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1942 hour 10:50 minute _____ P.M.

21. I hereby certify that I attended the deceased from 4-9
1942, to 4-21, 1942.
that I last saw him alive on 4-21, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction
Carcinoma of caecum

Due to _____

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?

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

23. Signature J. M. Rodman (M. D. _____)
Address Sedalia, Mo. Date signed 4-23-42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-18-42

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 _____

Licensed Embalmer No. 38747

P. O. Address Indianapolis Ind

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.