

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17349
Registrar's No. 68

Registration District No. 23 Primary Registration District No. 3006-5118

1. PLACE OF DEATH:

(a) County. Jackson, Boone
(b) City or town. Pleasant Hill (near)
(c) Name of hospital or institution. Columbia Mo
University Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 days
Specify whether
In this community.
years, months or days

3. (a) PRINT
FULL NAME

Mr. Joseph Adams

3. (b) If veteran,
name war

no.

3. (c) Social Security
No.

4. Sex. M. O

5. Color or
race. white

6. (a) Single, widowed, married,
1 divorced

6. (b) Name of husband or wife
Mrs. Sarah Adams

6. (c) Age of husband or wife if
alive years

7. Birth date of deceased. June 13, 1879
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

62-3

10

4-19

hr. min.

9. Birthplace Pleasant Hill, Mo
(City, town, or county)

(State or foreign country)

10. Usual occupation Custodian Univ. of Mo.

11. Industry or business

12. Name Mrs. James A. Adams

13. Birthplace Harrodsburg, Kentucky
(City, town, or county)

14. Maiden name Clark
(State or foreign country)

15. Birthplace Danville, Kentucky
(City, town, or county)

16. (a) Informant Mrs. Betty L. Collins (sister)

(b) Address 3632 Woodland Ave
Kansas City, Mo.

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

(c) Place: burial or cremation Pleasant Hill, Mo

18. (a) Signature of funeral director R. O. W. Covert

(b) Address Cassville

19. (a) 5-2-42 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town. Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 301 W. 4th
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1942 hour 8.00 minute 2 M.

21. I hereby certify that I attended the deceased from
April 2, 1942, to May 2, 1942
that I last saw him alive on May 2, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral hemorrhage
Due to arterio sclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 E. D. Barker (M. D. or other) M. D.

Address Columbia Date signed 3/2/42

024
WRITE IN UNFADING BLACK INK—MAKE A PERMANENT RECORD

Corrected
affidavit
3-7-42
B. W. Covert

Duration

3 days

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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.....

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State of Mo
County of Boone } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 17 day of June, 1942, before me appears Sara E. Adams, who, upon her oath, states that the original record of ^{birth} death for Mr Joseph Adams ^{died} born May 2, 1942, in the State of Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 1(a) should read Boone CoInstead of Jackson Co.Item No. 1(b) should read Columbia MoInstead of Pleasant HillItem No. 7 should read June 13 1879Instead of June 13, 1878Item No. 8 should read 62-10-19Instead of 63-10-42Item No. 1(d) should read 3 daysInstead of 4 daysItem No. 3(a) should read Joseph Hibbons AdamsInstead of Joseph AdamsItem No. 17(a) should read 5-4-42Instead of 5-3-42

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Sara E. Adams Wife
Relationship. Columbia, Missouri
Present Address. _____Subscribed and sworn to before me this 17th day of June, 1942.

MY COMMISSION EXPIRES AUG. 10, 1945

My Commission expires _____

Paul H. Schmidt Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No. 3006-3118

Registrar's No.

1. PLACE OF DEATH:

- (a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: University Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution April 29-42 4 Days
In this community Don't know
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Joseph Adams

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced. —
6. (b) Name of husband or wife Mrs. Sarah Adams 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased June 13-1888
(Month) (Day) (Year)

8. AGE: Years 63 Months 10 Days 19 (If less than one day min.)

9. Birthplace Pleasant Hill Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher University of Mo

11. Industry or business —

12. Name James A Adams

13. Birthplace Harrodsburg - Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Clark

15. Birthplace Danville Ken.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Beth L. Collins

(b) Address 5632 Woodland Ave. Hcmo

17. (a) Buried (b) Date thereof 3-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill

18. (a) Signature of funeral director R. Quillett

(b) Address Columbia

19. (a) 3-3-42 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 301 Wough St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1942 hour 8 minute 2 a.m.

21. I hereby certify that I attended the deceased from April 29 to May 2 1942
that I last saw him alive on May 2 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 3 da
Due to Arteriosclerosis

Due to —

Other conditions —
(Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

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) (e) Means of injury —

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

23. Signature — (M. D. or other) —
Address Columbia Date signed M.D.

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

MOTHER FATHER

S-17349

2442
1879
1563