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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18250

State File No.

FILED JUN 22 1942

Registration District No. 1242

Primary Registration District No. 5580.

Registrar's No. 15-28

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town RURAL MERAMES TWSHIP (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: NEAR - DITTMER Mo. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 3 MONTHS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JEFFERSON

(c) City or town RURAL (If outside city or town limits, write "RURAL")

(d) Street No NEAR DITTMER — Mo (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

50 0 0

3. (a) PRINT FULL NAME GEORGE LOGAN ADAMS

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced 2 WIDOWED

6. (b) Name of husband or wife LAURA SHON

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

7. Birth date of deceased JULY (Month) — 12 (Day) 1865 (Year)

8. AGE: Years 76 Months 9 Days 28 If less than one day hr. min.

9. Birthplace JEFFERSON Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business Home Building & Repr.

FATHER
12. Name AUGUST ADAMS
13. Birthplace (City, town, or county) a dout Kuon (State or foreign country)

MOTHER
14. Maiden name dout Kuon
15. Birthplace (City, town, or county) a dout Kuon (State or foreign country)

16. (a) Informant Roy. adams

(b) Address 4655 Heidelberg St. Count

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof May (Month) 12 (Day) 1942 (Year)

(c) Place: burial or cremation BETHLEHEM CEM. (GRUBVILLE Mo)

18. (a) Signature of funeral director J.H. Brummer

(b) Address House Springs Mo

19. (a) 10 May 1942 (Date received local registrar) (b) James A Townsend (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1942 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from ..... 19.... to ..... 19.... that I last saw h..... alive on ..... 19.... and that death occurred on the date and hour stated above.

Poroner

Immediate cause of death discharging a shot gun through his mouth and head. Comitting suicide

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

164C

Major findings:
Of operations

Of autopsy none

Duration

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) Suicide

(b) Date of occurrence May 10 - 1942

(c) Where did injury occur? own home (City or town) Jff. Co. (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)

While at work? (e) Means of injury shot gun

23. Signature H.J. Dinkhardt Actg. (M.D. or other) Coroner

Address Cedar Hill, Mo. Date signed 5/10/42.

384 (Licensed Embalmer's Statement on Reverse Side)

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 J. H. Brummer

Licensed Embalmer No. 1470

P. O. Address House Springs Ld

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.