

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21152

Registrar's No. 68

FILED JUL 13 1942
30-4311

Registration District No. 5430

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community 50 years
years, months or days

3. (a) PRINT FULL NAME Thomas Wilson Adams

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased. April 23 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 2 10 hr. min.

9. Birthplace Grinnell Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business.

12. Name John Quincy Adams
13. Birthplace Unknown N. C.
(City, town, or county) (State or foreign country)
14. Maiden name Martha Rose
15. Birthplace Unknown N. C.
(City, town, or county) (State or foreign country)

16. (a) Informant Dan Adams
(b) Address Albany, Mo. R.F.D.
17. (a) Burial (b) Date thereof July 4-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Henton
18. (a) Signature of funeral director Edward Burch
(b) Address Albany, Mo.

19. (a) July 8-1942 Frank H. Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry
(c) City or town. (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1942 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 7-3-1942 to 7-3-1942
that I last saw him alive on 7-3-1942
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Duration sudden

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) Means of injury

23. Signature Frank H. Miller (M. D. or other) M. D.
Address Albany, Mo. Date signed 7-3-42

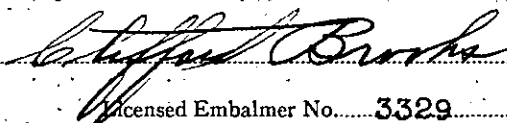
1108 (Licensee's name and signature on Reverse Side)

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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed



Licensed Embalmer No. 3329

P. O. Address. Albany, Missouri

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.