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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
FILED JUL 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21165

State File No.

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 450

1. PLACE OF DEATH:

(a) County. GREENE
(b) City or town. Springfield
(c) Name of hospital or institution. 855 N. Weaver
(d) Length of stay: In hospital or institution. 1 mo 29 da
In this community. 0 years, months or days

3. (a) PRINT FULL NAME. Lee Roy Adams

3. (b) If veteran, name war. No 3. (c) Social Security No. 078-06-1120

4. Sex. Male 5. Color or race. Colored (a) Single, widowed, married, divorced. married
6. (b) Name of husband or wife. Martha Adams 6. (c) Age of husband or wife if alive. 43 years
7. Birth date of deceased. Jan 1 1888
(Month) (Day) (Year)

8. AGE: Years 54 Months 5 Days 16 If less than one day
hr. min.

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

10. Usual occupation. Coach Cleaner

11. Industry or business. Trisco R.R.

12. Name. Joseph Adams

13. Birthplace. Unk. Mo. (City, town, or county) (State or foreign country)

14. Maiden name. Mary Anne Thornton

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

16. (a) Informant. Martha Adams

(b) Address. 855 N. Weaver

17. (a) Burial (b) Date thereof. June 20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Lincoln Mem

18. (a) Signature of funeral director. W. P. Campbell

(b) Address. 867 Wash. Ave.

19. (a) 6-20-42 (b) E. W. Landry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. Greene
(c) City or town. Springfield
(d) Street No. 855 N. Weaver
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1942 hour 9 minute P M.

21. I hereby certify that I attended the deceased from 4/16 to 6/17, 1942
that I last saw him alive on 6/16, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Acute Myocarditis From Acute Nephritis
Duration 3/5/42
3/5/42

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: No Operation

Of autopsy No 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?

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

23. Signature. O. C. Horst (M. D. or other)

Address 430 South St. Springfield, Mo. Date signed 6/24/42

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

98T.

(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.....

W. P. Campbell....., 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
STANDARD CERTIFICATE OF DEATH

State File No. 21166-
Registrar's No. _____

Registration District No. 318 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: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME

Lee Roy Adams

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m

5. Color or race B

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased _____

(Month) Jan

(Day) 5

(Year) 1942

8. AGE:

Years

Months

Days

If less than one day

54

hr. _____ min. _____

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____

(Burial, cremation, or removal)

(b) Date thereof _____

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____

(Date received local registrar)

(b) _____

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____

year 1942

hour _____

minute _____

M. _____

21. I hereby certify that I attended the deceased from _____

that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis Duration 3-5-42
from acute
nephritis

Due to do not know the cause of the acute nephritis

Due to Did not follow chronic nephritis

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? _____

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

23. Signature O. B. Horat (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

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