

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED SEP 15 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27258

State File No. ....

Registration District No. 141

Primary Registration District No. 3025

Registrar's No. 86

1. PLACE OF DEATH:

(a) County. Neapel  
(b) City or town. West Plains  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 50 yrs (Specify whether

In this community. years, months or days

3. (a) PRINT FULL NAME Thos. Franklin 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. m

6. (b) Name of husband or wife. .... 6. (c) Age of husband or wife if

7. Birth date of deceased. 4 - 7 - 1858  
(Month) (Day) (Year)

8. AGE: Years 84 Months Days If less than one day  
hr. min.

9. Birthplace. Thayer mo  
(City, town, or county) (State or foreign country)

10. Usual occupation. Farmer

11. Industry or business. ....

12. Name. Jan Adams

13. Birthplace. Denno 1  
(City, town, or county) (State or foreign country)

14. Maiden name. Huff

15. Birthplace. Denno 1  
(City, town, or county) (State or foreign country)

16. (a) Informant. Martha Adams

(b) Address. 29 Washington Spg. mo

17. (a) 13 (b) Date thereof. 8-2-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. General Valley

18. (a) Signature of funeral director. Paul S

(b) Address. West Plains mo

19. (a) 8/10-42 (b) Paul S (c) Paul S  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. mo (b) County. Hawes  
(c) City or town. West Plains  
(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. 8 day. 1  
year. 1942 hour. 10 minute. 30 A. M.

21. I hereby certify that I attended the deceased from 4-25- 1942, to 8-1- 1942  
that I last saw him alive on 7-25- 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic cardiac Valvular Disease  
mitral Insufficiency

Due to. 928

Due to. Senility

Other conditions. Arteriosclerosis  
(Include pregnancy within 3 months of death)

Hypertension

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?

While at work? (Specify type of place) (e) Means of injury 1

23. Signature. E. B. Bohrer (M. D. or other) mo

Address. West Plains mo Date signed 8-5-42

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

112

RECEIVED  
District Health Officer No. 5,  
District File Number 942871  
Date Filed 9-14-42

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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.