

Registration District No. 3 1942-4-21

Primary Registration District No. 8793

1. PLACE OF DEATH:

(a) County Monteair
(b) City or town Lincoln
(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 50 (Specify whether
In this community yes years, months or days)

3. (a) PRINT FULL NAME Francis Adams

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

4. Sex male 5. Color or race White 6. (a) Single, widowed, married 2 divorced widowed
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Monteair Co
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 17 If less than one day hr. min.

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

10. Usual occupation Railroader

11. Industry or business

MOTHER FATHER { 12. Name Francis Adams
13. Birthplace Bour County Mo (City, town, or county) (State or foreign country)
14. Maiden name Edith Ann Scott
15. Birthplace Bour County Mo (City, town, or county) (State or foreign country)

16. (a) Informant W. D. Williams
(b) Address

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

(c) Place: burial or cremation Laurelton Cemetery

18. (a) Signature of funeral director Charles F. Smith
(b) Address Laurelton Mo

19. (a) 8-14-42 (Date received local registrar) (b) Grace Kuntzsch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monteair
(c) City or town Jameson (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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12th
year 1942 hour About 4 minute 7 A.M.

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

Immediate cause of death Chronic Myocarditis unknown

Due to Generalized

Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d
Of autopsy

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)
(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 CORNER

23. Signature Fernon Latham (M. D. or other)
Address California, Mo Date signed 8-12-42

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

008

511

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 *H. Friedmeyer*.....

Licensed Embalmer No. *2854*.....

P. O. Address *California Mo*.....

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.