

FILED SEP 15 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27975

Do not use this space.

1. PLACE OF DEATH

(a) County RandolphRegistration District No. 294 88(b) Township ProctorPrimary Registration District No. 4439 0(c) City Clark(d) Street No. 1Registered No. 160

(e) Length of residence in city or town where death occurred

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Simon Francis Adams(a) Residence, No. St. []

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFDella Crew Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct 2 - 1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

821029

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.cattle buyer9. Industry or business in which work
was done, as saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Clark
Randolph Co. Mo

13. NAME

Robert Adams14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Kyle
1

15. MAIDEN NAME

Susan Gaskwater16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mo
117. INFORMANT
(ADDRESS)William H. Hughes
Clark Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Chapel GroveDATE Sept. 2, 194219. FUNERAL DIRECTOR (NAME)
(ADDRESS)Ired A. Thompson
Madison Mo

20. FILED

9/15
42
Irma Love
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Aug 31, 1942

22. I HEREBY CERTIFY, That I attended deceased from

Aug 28, 1942 to Sept 1, 1942

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 2:20 p.m.

The principal cause of death and related causes of importance were as follows:

Prurientia ✓

Date of onset

Other contributory causes of importance:

Valvular Heart

Name of operation

Date of

What test confirmed diagnosis? ✓

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) R. B. Woods, M. D.(Address) Clark

RECEIVED

District Health Officer No. 10

District File Number 9-42-1752

Date Filed SEP 14 1942

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 Mrs. Linda Thompson

Licensed Embalmer No. 3282

P. O. Address Madison, Md

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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27975
Registrar's No. 160

Registration District No. 294 Primary Registration District No. 2439

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Clark
(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

Simon J. 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 W

6. (b) Name of husband or wife

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

7. Birth date of deceased

Oct 2
(Month) (Day) (Year)

1907
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

82

10

23

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

(City, town, or county)

(State or foreign country)

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 Nov day 18
year 1942 hour 10 minute 10 M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.
Immediate cause of death Pneumonia
Bronchitis

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 sta-
tistically.

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 (M. D. or other)
Address Date signed

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

SUPPLEMENTARY

