

STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 2 1942

525325

Registration District No.

44804480

Registrar's No. 22

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

1. PLACE OF DEATH:
 (a) County Schuyler
 (b) City or town Greentop
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Greentop, Mo.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 55 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Schuyler
 (c) City or town Greentop
 (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 _____

3. (a) PRINT FULL NAME Everett Pearl Adams

3. (b) If veteran, name war _____ 3. (c) Social Security No. 702-05-8175

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gertrude 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased July 3 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>1</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace Greentop Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Depot Agent

11. Industry or business Wabash Railroad Co.,

12. Name Albert Adams

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

14. Maiden name Charity Mikel

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

16. (a) Informant Gertrude Adams

(b) Address Novinger, Mo.

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

(c) Place: burial or cremation Powles Greenston Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Kirkville, Mo.

19. (a) Aug. 15, 1942 (b) A. C. Justice
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11 year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from June 11 1942 to Aug 11 1942 that I last saw him alive on Aug 11 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Bran Hemorrhage

Due to Bronchial Pneumonia

Due to _____

Other conditions (Include pregnancy within 3 months of death) 30

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 _____

23. Signature [Signature] (M.D. or other) DO

Address Greenston Mo Date signed Aug 15 1942

Duration
2 months
3 day
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

-1-42
2-287
respic

1278

JAN 11 1965

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

D. R. Reley

Licensed Embalmer No.

4181

P. O. Address

Hicksville 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.

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