

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30004

State File No.

Registrar's No. 41

FILED OCT 14 1942

Registration District No.

Primary Registration District No. 3009

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Jackson
(c) Name of hospital or institution: 1
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution Entire Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

LLOYD HAROLD ADAMS

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Muriel Coffman Adams 6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased July 31- 1904 (Month) (Day) (Year)

8. AGE: Years 38 Months 1 Days 22 If less than one day hr. min.

9. Birthplace Fruitland Mo. (1) (City, town, or county) (State or foreign country)

10. Usual occupation Coal Dealer (Retail)

11. Industry or business Coal Dealer (Retail)
12. Name Pearl Adams
13. Birthplace Fruitland Mo. (1) (City, town, or county) (State or foreign country)
14. Maiden name Emma Wilson
15. Birthplace Fruitland Mo. (1) (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. B. Laney, Jr
(b) Address Jackson, Mo

17. (a) Burial (b) Date thereof. (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director J. E. Ruff
(b) Address Jackson, Mo

19. (a) 9-25-42 (Date received local registrar) (b) J. E. Ruff (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Jackson (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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23rd year 1942 hour 12 minute 40 AM.

21. I hereby certify that I attended the deceased from Jan 1, 1942 to Sept 23, 1942
that I last saw him alive on Sept 22, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 5 min

Due to Coronary disease 18 mos?

Due to

Other conditions obesity 5 yrs?
(include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 940
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 0

23. Signature T. E. Ruff (M. D. or other) MD
Address Jackson Mo Date signed 9-25-42

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

#P

RECEIVED

District Health Officer No. 4
District File Number 1042-12
Date Filed 70-13-47

MAY 28 1945

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.....

Gene C. Chacraft, Registered Apprentice No. 300
working under my personal supervision.

Signed Lymann Steele

Licensed Embalmer No. 2476

P. O. Address Jackson 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.