

Registration District No. 270

Primary Registration District No. 2050

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Years (Specify whether years, months or days)
In this community 15 Years

3. (a) PRINT FULL NAME

Walter Adams

3. (b) If veteran, name war

3. (c) Social Security

No. 489-14-5580

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Adams 6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased February 15 1912
(Month) (Day) (Year)

8. AGE: Years 30 Months 7 Days 12 If less than one day hr. min.

9. Birthplace Unknown Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business

12. Name David Adams
13. Birthplace Unknown Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Mary Tables
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Adams
(b) Address Caruthersville, Mo.
17. (a) Burial (b) Date thereof 9/30/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director A. S. Smith
(b) Address Caruthersville, Mo.
19. 9-29-42 (b) Jesse W. Mark
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Caruthersville, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Adams, Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 27th, year 1942 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 9-18-42 to 9-18-42, 1942
that I last saw him alive on 9-18-42, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis Duration ?

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 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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature P. D. Quinn (M. D. or other)
Address Caruthersville, Mo. Date signed 9-29-42

10-42-10

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, YDX
....., Registered Apprentice No.
working under my personal supervision.

Signed James A. Osburn
Licensed Embalmer No. 4185
P. O. Address Caruthersville, 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.