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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN -8 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40398

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 340.

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 300 S. Fountain 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---------- (Specify whether
In this community 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau 16 (If outside city or town limits, write "RURAL")
(d) Street No. 225 S. Fountain St. 1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 11
If yes, name country ------0------

3. (a) PRINT FULL NAME Wesley Adams
3. (b) If veteran, name war ---------- 3. (c) Social Security No. ------
4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ------ 6. (c) Age of husband or wife if alive ------ years
7. Birth date of deceased December 18 (Month) 1900 (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	41	11	18	hr. min.

9. Birthplace Poplar Bluff, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Barber
11. Industry or business Barbering
FATHER 12. Name Alex Adams
13. Birthplace Union, Tenn. 1 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Katie Alexander
15. Birthplace (Unknown) Texas 0 (City, town, or county) (State or foreign country)
16. (a) Informant Damon Adams
(b) Address 405 Good Hope St. Cape Girardeau, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 10, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Fairmont Cemetery
18. (a) Signature of funeral director F. J. Sparks
(b) Address Cape Girardeau, Mo.
19. (a) 12-12-42 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6 year 1942 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death asphyxiation	
Due to Escaping gas	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy No	

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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) Accident 115
(b) Date of occurrence Dec. 6th 1942
(c) Where did injury occur? Cape Girardeau Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Adams Barber Shop (Specify type of place)
While at work? (e) Means of injury Gas
23. Signature Gust Schultz accidental Coroner (M. D. or other)
Address Cape Girardeau, Mo. Date signed Dec 9, 1942

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(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 143-1594
Date Filed 1-7-43

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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau 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.