40827

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN - 6 1943

Registration District No. 132

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5473

State File No.

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town RURAL*-Jackson Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1¼ Miles N. E./Farmervilles, 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 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Grundy 40

(c) City or town RURAL-Jackson Twp. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1¼ Miles N. E. Farmersville
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Monroe Adams

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Florence Adams

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

7. Birth date of deceased July (Month) 25 (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	5	2	hr. min.

9. Birthplace Unknown (City, town, or county) Ill. 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Ralph Ward

(b) Address R. R. #1 Chula, Missouri.

17. (a) Meadville, Mo. (Burial, cremation, or removal) (b) Date thereof 12-29-42 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director F. B. Norman-Co.

(b) Address Chillicothe, Missouri.

19. (a) 12-27-42 (Date received local registrar) (b) Nada Hoffman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
year 1942 hour 10⁰⁰ minute — M.

21. I hereby certify that I attended the deceased from As Coroner
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Disease

Due to Arteriosclerosis

Due to

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

Major findings:
Of operations

Of autopsy

Duration

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? (City or town) (County) (State)

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

While at work? (e) Means of injury

23. Signature Wm A Fuson (M. D. or other) Coroner wp

Address Trenton Mo Date signed 12-27-47

120 ok

(Licensed Embalmer's Statement on Reverse Side)

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

E. R. Norman, Registered Apprentice No.

working under my personal supervision.

Signed E R Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
8-21-41
I X29288

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BUREAU OF THE CENSUS

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STANDARD CERTIFICATE OF DEATH

State File No. 40827

Registration District No. 132 Primary Registration District No. 5-473 Registrar's No.

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Rural
(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 years, months or days)
In this community 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Grundy
(c) City or town Rural
(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

3. (a) PRINT FULL NAME Monroe 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 Wid
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased July 25 — 1867 (Month) (Day) (Year)
8. AGE: Years 75 Months 5 Days 27 If less than one day hr. min.
9. Birthplace Ill (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name unk
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name unk
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)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2 year 1942 hour minute 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 Disease of Coronary Arteries	
Due to Heart disease	
Due to Chronic myocarditis	
Due to Arteriosclerosis	
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? (City or town) (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (c) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

Bd

JUN 18 194