DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 8 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2675

Registration District No. 174 Primary Registration District No. 5644 Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Lexington (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural 6 mi. South (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 Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette 54

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

(d) Street No. 8 mi S. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME GIVENS A. ADAMS

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

4. Sex Ma | 5. Color or race W | 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Letta Smart 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. (Month) 9 (Day) 1887 (Year)

8. AGE: Years 55 Months 5 Days 17 If less than one day hr. min.

9. Birthplace Odessa. (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation farmer

11. Industry or business

FATHER 12. Name Ed Sterling Price Adams

13. Birthplace Odessa. (City, town, or county) Mo (State or foreign country) 0

MOTHER 14. Maiden name Hazard Masterson

15. Birthplace Odessa. (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Mrs. Letta Adams

(b) Address Lexington. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Lexington Mo

18. (a) Signature of funeral director Winkler

(b) Address Lexington Mo

19. (a) 1-27-43 (Date received local registrar) (b) Mrs Fred Schwab (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26th

year 1943 hour — minute — A. M.

21. I hereby certify that I attended the deceased from Jan 2 1943, to Jan 26 1943, that I last saw h[illegible] alive on Jan 25 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: (a) Myocarditis	
Due to: Unknown (b)	
Due to:	
Other conditions (Include pregnancy within 3 months of death): none	

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)

(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 Jas Bullis M.D. (M. D. or other)

Address Maryview Mo. Date signed 1/26/43

1158

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 2-5-43

FEB 8 1943

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 Geo. A. McKean

Licensed Embalmer No. 2983

P. O. Address Lexington, Mo.

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

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