

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6035

State File No.

Registration District No. 59

Primary Registration District No. 4092

Registrar's No. 49

1. PLACE OF DEATH

- (a) County Cass
(b) City or town Archie
(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)
In this community 50 yrs. years, months or days

3. (a) PRINT FULL NAME Thomas William Adair

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 M

6. (b) Name of husband or wife Dora Adair 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Oct. 9 1856 (Month) (Day) (Year)

8. AGE: Years 86 Months 4 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation physician

11. Industry or business _____

12. Name Milton Adair
13. Birthplace Warren Co. Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Mary Beeler
15. Birthplace Warren Co. Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Eva Van Sordt R.N.

- (b) Address Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 7-43 (Month) (Day) (Year)

- (c) Place: burial or cremation Cypress Hill

18. (a) Signature of funeral director Frank Lee

- (b) Address Appleton City, Mo.

19. (a) March 6 1943 (Date received local registrar) (b) Margaret Tolle (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Cass
(c) City or town Archie (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1943 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 2, 1942, to Mar. 5, 1943, that I last saw him alive on Mar. 5, 1943 and that death occurred on the date and hour stated above.

- Immediate cause of death Bronchial pneumonia

- Due to general debility & arteriosclerosis
Due to _____

- Other conditions (Include pregnancy within 3 months of death) _____

- Major findings: Of operations _____ Of autopsy _____

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 _____
23. Signature E. E. Robinson (M. D. or other) _____
Address Archie, Mo. Date signed 3-6-43

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

1041

FEB 18 1946

SEP 22 1947

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.....

Charles Lee

Licensed Embalmer No.

1099

P. O. Address.....

Appleton City, Mich

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.