

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6200

Registration District No. 100

Primary Registration District No. 5392

State File No.

Registrar's No. 82

1. PLACE OF DEATH

- (a) County Deer
(b) City or town Rural - Walker 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)

In this community 21 years

3. (a) PRINT FULL NAME Walter A. Adams

8. (b) If veteran, name war No. 8. (c) Social Security No. ✓

4. Sex M 5. Color or Grace W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Lettie Caroline Adams 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased 7 (Month) 18 (Day) 1873 (Year)

8. AGE: Years 69 Months 5 Days 27 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country) ✓ 0

10. Usual occupation Farmer

11. Industry or business Alexandra Adams

12. Name Kentucky

13. Birthplace ✓ (City, town, or county) (State or foreign country) 1

14. Maiden name Simon Lenox (City, town, or county) (State or foreign country) 1

15. Birthplace Tenn. (City, town, or county) (State or foreign country) 1

16. (a) Informant Pearl Adams

(b) Address Salem, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-43 (Month) (Day) (Year)

(c) Place: burial or cremation Round Pond

18. (a) Signature of funeral director Robert Shaulhan

(b) Address Salem, Mo.

19. (a) 1-16-43 (Date received local registrar) (b) Jan White (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Deer

(c) City or town Walker Township - Rural (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1943 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 6 1943 to Jan 14 1943 that I last saw him alive on 1/14/43 and that death occurred on the date and hour stated above.

Immediate cause of death acute glomerular nephritis Duration Unknown

Due to

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?

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

23. Signature B. E. J. Smith (M. D. or other) 2nd

Address Salem, Mo. Date signed 1/16/43

JUL 19 1946

RECEIVED

District Health Officer No. 5

District File Number

24317

Date Filed

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

Hayd W. Fox

Licensed Embalmer No. 2910

P. O. Address *Salmon, ID*

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, above space should be left blank.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 6200

Registration District No. _____

Primary Registration District No. 5392

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Frank
(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
In this community _____ 2 yrs (years, months or days)

3. (a) PRINT FULL NAME Walter A Adams

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

4. Sex m 5. Color or race or 6. (a) Single, widowed, married, divorced m6. (b) Name of husband or wife Hettie 6. (c) Age of husband or wife if alive 59 years7. Birth date of deceased July 18 - 1883 (Month) (Day) (Year)8. AGE: Years 69 Months 5 Days 3 If less than one day min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____ (State or foreign country)

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Frank
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1 year 1942 hour _____ minute _____ M.21. I hereby certify that I attended the deceased from _____ 19____;
that I observed him/her alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____acute glomerular nephritisDue to Cause UnknownDue to Patient used doctor, subsequently
Saw patient only short time

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? _____

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

23. Signature G.E. Jacobs (M.D. or other) _____

Address _____ Date signed _____

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

MOTHER FATHER

[The page contains extremely faint, illegible text, likely bleed-through from the reverse side of the document.]