. S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6301

Registration District No. 128 ~~218~~ Primary Registration District No. 2000 Registrar's No. 49A

39 2 6

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community ~~48 years~~

2. USUAL RESIDENCE OF DECEASED: 39
(a) State Missouri (b) County Greene 0
(c) City or town Willard 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) /
If yes, name country

3. (a) PRINT FULL NAME Roy L. Adams
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Elsie Adams
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased May (Month) 22, (Day) 1894 (Year)

8. AGE: Years	Months	Days	If less than one day
✓ 48	7	24	hr. min.

9. Birthplace Greene County, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business On Farm

MOTHER FATHER
12. Name Thomas L. Adams 0
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Manala Jane McCoy 0
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Elsie Adams
(b) Address Willard, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 18, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Clear Creek Cemetery
18. (a) Signature of funeral director Redfearn & Hoyal
(b) Address Bois D'Arc, Mo
19. (a) 2-8-43 (Date received local registrar) (b) E. W. Hanley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16th year 1943 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan 16, 1943 to Jan 16, 1943 that I last saw h.im alive on Jan 16, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(a) Lobar Pneumonia	3 days
Due to Streptococcus	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

108

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 [signature] (M. D. or other)
Address Springfield, Mo. Date signed 2/7/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Number 43-2-11
Date Filed 2/5/43

JUN 8 1945

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 Lewis G. Schenk

Licensed Embalmer No. 3802

P. O. Address Springfield, 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.