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S. No. 2
4-9-441
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 1 1943

Primary Registration District No. 5611

Registrar's No.

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

51
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1. PLACE OF DEATH:

(a) County Johnson (Rural Post Oak)

(b) City or town Warrensburg, Mo

(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 (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

(c) City or town Warrensburg (Rural Post Oak)

(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 John H. Adams

3. (b) If veteran _____ name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar - day 17 year 1943 hour 8:45 minute _____ P. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (c) Age of husband or wife if alive: 85 years

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

7. Birth date of deceased June 21 1849

(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 14 1943 to March 17 1943 that I last saw him alive on March 17 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 93 Months 8 Days 26 If less than one day _____ hr. _____ min.

Immediate cause of death Chronic Myocarditis Duration 10 yrs

9. Birthplace Wilks Co. N.C. (City, town or county) (State or foreign country)

10. Usual occupation Retired Minister

Due to _____

Due to _____

Other conditions 93d (Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name Calvin Adams

13. Birthplace Unknown N.C. (City, town or county) (State or foreign country)

14. Maiden name Mary Jones

15. Birthplace Unknown N.C. (City, town or county) (State or foreign country)

16. (a) Informant Mrs John H. Adams

(b) Address Warrensburg, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 19 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Adams Cem

18. (a) Signature of funeral director Sweeney Dullea

(b) Address Warrensburg, Mo

19. (a) 3-20-43 (Date received local registrar) (b) RA Brauninger (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature John H. Adams (M. D. or other) _____

Address Warrensburg, Mo Date signed March 18 1943

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(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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 23,20

P. O. Address. Warrinsburg, 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.