

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1943

Registration District No. 375

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6279

State File No. _____

Registrar's No. 13

15786

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Hartville Rural Gasconade
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At his home
1 mile west of Hartville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community 83 yrs. years, months or days

3. (a) PRINT

FULL NAME WILLIAM ADAMSON

3. (b) If veteran,

name war _____

3. (c) Social Security

No. None

4. Sex M. 5. Color or race W.

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

6. (b) Name of husband or wife Katie Adamson

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased 4 (Month) 11 (Day) 1859 (Year)

8. AGE: Years Months Days If less than one day
83 11 24 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Alfred Adamson
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Sattie Coday
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Katie Adamson

(b) Address Hartville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 7 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Wolf Creek Cem.

18. (a) Signature of funeral director Gene E. Holden

(b) Address Hartville Mo.

19. (a) 4-7-43 (Date received local registrar) (b) W. E. Johnson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wright
(c) City or town Hartville Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mile west of Hartville
(If rural, give location)
Born in U. S.; A.
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 5
year 1943 hour 8:00 minute p.m.

21. I hereby certify that I attended the deceased from March 5
1943, to March 25, 1943;
that I last saw him alive on March 3, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 1 week

Due to chronic nephritis & bronchitis

Due to _____

Other conditions 108
(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)
(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 W. E. Johnson (M. DeWether) 2
Hartville Mo. Date signed 4-6-43

RECEIVED

District Health Officer No. 6.

District File Number 543-589

Date Filed MAY 13 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

Gene E. Haldren

Licensed Embalmer No.

3865

P. O. Address

Hartsville Md

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.