

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

20730

FILED JUL 14 1943

Registration District No.

11

Primary Registration District No.

4025

Registrar's No.

36

1. PLACE OF DEATH:

(a) County Barry
 (b) City or town Wheaton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: McCall's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Ralph Andy Adams

3. (b) If veteran, name war

None

3. (c) Social Security No. None

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased June 11 - 1943
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
11 hr. 30 min.

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

10. Usual occupation

11. Industry or business

12. Name Ralph W. Adams
 13. Birthplace Lamar, Kans.
 (City, town, or county) (State or foreign country)
 14. Maiden name Ethel Albert
 15. Birthplace Seneca Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Ralph Adams
 (b) Address Wheaton Mo.

17. (a) Burial (b) Date thereof 6-12-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Muncy

18. (a) Signature of funeral director Wheaton Funeral Home

(b) Address Wheaton Mo.

19. (a) June 22-1943 (b) Grace Williams
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barry
 (c) City or town Wheaton
 (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 June day 12
 year 1943 hour 11 minute 0 M.

21. I hereby certify that I attended the deceased from June 11, 1943, to June 12, 1943.
 that I last saw him alive on June 12, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Duration 11 1/2 hrs.

Due to 1600

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)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature O. S. McCall (M. D. or other)
 Address Wheaton Mo. Date signed 6-12-43

RECEIVED

District Health Officer No. 6,

District File Number 743-929

Date Filed JUL 6 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.....

body was not embalmed, Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No. 7273

P. O. Address. Cassville, 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. July
Registrar's No. 36

Registration District No. 11

Primary Registration District No. 4020

1. PLACE OF DEATH:

(a) County Bany
(b) City or town Wheaton
(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 years, months or days)

3. (a) PRINT FULL NAME Ralph Andy Adams

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

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

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

9. Birthplace Wheaton Mo.
(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 _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

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

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____ day _____ year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

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)

(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 _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

20730