

FILED JUN 13 1943

Registration District No. _____

Primary Registration District No. 3076

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nevada Hospital
(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 Rex 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 SINGLE

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

7. Birth date of deceased Sept 8 1945 (Month) (Day) (Year)

8. AGE: Years 57 Months 8 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name John Wood Adams

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

14. Maiden name Sarah

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

16. (a) Informant Walter Adams (b) Address Hume Mo

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

(c) Place: burial or cremation Hume Cemetery
18. (a) Signature of funeral director R. W. M. Connelley
(b) Address Hume Mo
19. (a) 5-22-43 (Date received local registrar) (b) Hazel B. Bewick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Hume Mo (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 May day 16 year 1943 hour 3 minutes 50 A.M.

21. I hereby certify that I attended the deceased from Feb 8 1943 to May 16 1943 that I last saw him alive on May 15 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis of kidney
Duration ?
Due to Primary carcinoma of kidney 2 yrs?
Due to _____

Other conditions (Include pregnancy within 3 months of death) 52a

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 [Signature] (M. D. or other) _____ Address Nevada, Mo Date signed 5-16-43

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

18
1
2

RECEIVED
District Health Officer No. 7
District File Number 5-43-563
Date Filed 6-15-43

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 P. W. McConnell, Jr.

Licensed Embalmer No. 1002

P. O. Address Home 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.