

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29439

State File No. _____

Registrar's No. _____

Primary Registration District No. 6093

Registration District No. 324

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

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall
(c) Name of hospital or institution:
Saline County Home
(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 WILLIAM ADAMS
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W. Negro 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years 80 Months Unknown Days Unknown If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Self

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Saline Co. Registrar

(b) Address Saline Co. Home

17. (a) Buried (b) Date thereof 8-30-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshall Ave

18. (a) Signature of funeral director F. D. Ferguson

(b) Address Saline Co. Home

19. Aug 30, 43 (b) Miss T. O. Westbrook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. Saline Co. Home
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Aug 20 1943 to Aug 24 1943
that I last saw him alive on Aug 22 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cardio Ressel 77 yrs

Due to _____

Due to Chr. Nephritis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 131a
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) None
(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)
(a) Means of injury Roof
Signature Roob (M.D. or other)
Address Marshall Ave Date signed 8/30/43

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-16-43

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. 21

working under my personal supervision.

Signed

F. J. Ferguson

Licensed Embalmer No.

2172

P. O. Address

Sedalia

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.