

S. No. 2
M-5-42
v. 5-17-39
p. 1 x3572

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28619
State File No. _____
Registrar's No. _____

Registration District No. 70

Primary Registration District No. 62-4540

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Wayne
(b) City or town Greenville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime (Specify whether)
years, months or days

3. (a) PRINT FULL NAME JOHN WISEMAN ADAMS

3. (b) If veteran, name war _____ 3. (c) Social Security No. 493-03-9800

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife GRACE 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased June 9 1938
(Month) (Day) (Year)

8. AGE: Years 55 Months 1 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation MINER

MOTHER, FATHER

11. Industry or business David Adams

12. Name Wayne Co. Missouri
(City, town, or county) (State or foreign country)

13. Birthplace Wayne Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Grace Adams
(City, town, or county) (State or foreign country)

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

16. (a) Informant Bernett (b) Date thereof Aug 3-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Plot R-10-1

18. (a) Signature of funeral director Swanwick
(b) Address Swanwick

19. (a) Aug 4 1943 (b) John Bennett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Wayne
(c) City or town Lodi - Rural
(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 Aug day 2 year 1943 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from July 22 - Aug 2 1943
that I last saw him alive on Aug 2 1943
and that death occurred on the date and hour stated above.

- Immediate cause of death Cancer of stomach Duration 1 yr.

- Due to _____

- Due to _____

- Other conditions 46 hr
(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 John F. Wagner (M. D. or other) M.D.
Address Greenville Mo Date signed Aug 3-43

RECEIVED

District Health Officer No. 4

District File Number 943-268

Date Filed 9-8-43

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.....

Licensed Embalmer No. 13474

P. O. Address. Poplar Bluff

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.