

FILED

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

OCT 19 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35906

State File No.

Registration District No. 335

Primary Registration District No. 4492

Registrar's No.

1. PLACE OF DEATH:

- (a) County Scott
(b) City or town Oron
(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 3 years years, months or days

3. (a) PRINT FULL NAME Albert Hughes Adams

3. (b) If veteran, name war ☒ 3. (c) Social Security No. ☒

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Susie Denton Adams 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased June 15, 1857 (Month) (Day) (Year)

8. AGE: Years 86 Months 2 Days 25 If less than one day
hr. min.

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

10. Usual occupation Former Retired

11. Industry or business

12. Name Calvin Adams
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Amanda Montgomery
15. Birthplace Oron (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Astadous
(b) Address Oron Mo
17. (a) Burial (b) Date thereof 9-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Oakdale Commerce Mo

18. (a) Signature of funeral director Bisplinghoff Hubbers
(b) Address Chapman

19. (a) 10/4/43 (b) Sp. Schuman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Scott
(c) City or town Oron (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 10 day Sept
year 1943 hour 8 minute - P. M.

21. I hereby certify that I attended the deceased from 3/13, 1943, to 9/10, 1943
that I last saw him alive on 9/10, 1943
and that death occurred on the date and hour stated above.

- Immediate cause of death Cerebral Hemorrhage 9/5/43

- Due to Vascular Hypertension ?

- Due to

- Other conditions Endocarditis ?
(Include pregnancy within 3 months of death)

- Major findings: Of operations

- Of autopsy

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 J. A. Cline (M. D. or other)
Address Oron Mo Date signed 10/4/43

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2,

District File Number 1043-1287

Date Filed 10-11-43

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

Marnie Beplinghoff

Licensed Embalmer No. 3242

P. O. Address

Chaffee V

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.