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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37705

FILED DEC 11 1943

State File No. ....

Registration District No. 38

Primary Registration District No. 3-0-06-5120

Registrar's No. 284

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia *Miss*  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Route 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(Specify whether)

In this community 67 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone *10*

(c) City or town Columbia *0*  
(If outside city or town limits, write "RURAL") *0*

(d) Street No. Route 2  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) *0*  
If yes, name country.....

3. (a) PRINT FULL NAME EDWARD FOLLIE ADAIR

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male *0*

5. Color or race White

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

6. (b) Name of husband or wife Jennie Adair

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

7. Birth date of deceased: 7 - 6 - 1876  
(Month) (Day) (Year)

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

67 4 17 hr. min.

9. Birthplace: Boone County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

12. Name Locke Adair

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

14. Maiden name Patsy Renfro

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

16. (a) Informant Mrs. Graham Renfro

(b) Address Stephens, Missouri

17. (a) Burial (b) Date thereof 11-26-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Adair Cemetery

18. (a) Signature of funeral director Parker Funeral Service  
(b) Address Columbia, Mo.

19. (a) 11-26-43 (b) E. Dana H. Barber  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23  
year 1943 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from 1940 to 1942  
that I last saw him alive on 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary block, probably a few minutes.

Due to R.P. High

Due to 940

Other conditions.....

Major findings: None

Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(c) Where did injury occur? None

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

23. Signature W.P. Doynt (M. D. or other)

Address ..... Date signed 11-23-43

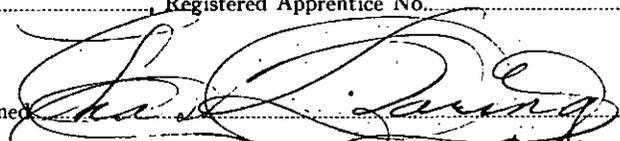
Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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. 4132)  
P. O. Address Columbia

**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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 38

Primary Registration District No. 3-2665128

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbian Miss.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: R2-  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 67 yr. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Edward F. Adair

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 W

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

7. Birth date of deceased July (Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days ms. (If less than one day, min. ....)

9. Birthplace (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) 11-26-43 (Date received local registrar) (b) Edna H Barber (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 Nov Day 23 Year 1943 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19.....; that I last saw him ..... 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

37109