

No. 2  
9-4-41  
5-17-39  
Y X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 37880  
Registrar's No. 368

FILED DEC 10 1943

Registration District No. 33 Primary Registration District No. 3010

1. PLACE OF DEATH:  
(a) County Cape Girardeau  
(b) City or town Cape Girardeau Mo.  
(c) Name of hospital St. Francis Hospital  
(d) Length of stay: In hospital or institution Hospital  
In this community 3 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Perry  
(c) City or town Rural  
(d) Street No.  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME George H. Adams  
(b) If veteran, name war  
(c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Gertrude Adams  
(c) Age of husband or wife if alive 37 years  
7. Birth date of deceased February 22 1906

8. AGE: 37 Years 9 Months 1 Days

9. Birthplace Perry Co. Missouri

10. Usual occupation Farmer

MOTHER FATHER  
11. Industry or business  
12. Name William Adams  
13. Birthplace Perry Co. Missouri  
14. Maiden name Zeba Preston  
15. Birthplace Perry Co. Missouri

16. (a) Informant Gertrude Adams  
(b) Address Silver Lake, Mo.

17. (a) Burial (b) Date thereof 11-28-1943

(c) Place: burial or cremation Perryville Mo

18. (a) Signature of funeral director Young & Sons  
(b) Address Perryville Mo

19. (a) 11-29-43 (b) G. W. Phelps

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 23  
year 1943 hour 12 minute 15 P.M.  
21. I hereby certify that I attended the deceased from 11/20 1943 to 11/23 1943  
that I last saw him alive on 11/23 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis (Septic)  
Otitis Media

Due to  
Due to

Other conditions (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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)  
23. Signature G. W. Phelps (M. D. or other)  
Address Cape Girardeau Date signed 11/27/43

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

6  
1  
4

079  
6  
8

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4  
District File Number 1243-305  
Date Filed 12-8-43

**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

*Edward Johnson*

Licensed Embalmer No. 2138

P. O. Address Coryville 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.**