

PI X29484

FILED DEC 6 1943
Registration District No. 6-1043

Primary Registration District No. 3022

Registrar's No. 125

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

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Bethany Mo.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 6 weeks.
(Specify whether In this community 25 yrs. years/months or days)

3. (a) FULL NAME: John Maxin Adams

3. (b) If veteran, name war: World War 2

3. (c) Social Security No.

4. Sex: M. 5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Davis, Audin Adams, alive 27 years

6. (c) Age of husband or wife if

7. Birth date of deceased: 9-23-1918
(Month) (Day) (Year)

8. AGE: Years 25, Months 1, Days 24, hr. min.

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

10. Usual occupation: Grocerman

11. Industry or business:

12. Name: John L. Adams

13. Birthplace: Worth County Mo
(City, town, or county) (State or foreign country)

14. Maiden name: Della M. Miller

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

16. (a) Informant: Della M. Adams

(b) Address: Ridgeway Mo

17. (a) Burial, cremation, or removal: Burial

(b) Date thereof: 11-18-43
(Month) (Day) (Year)

(c) Place: burial or cremation: Ridgeway

18. (a) Signature of funeral director: R. R. Boggers

(b) Address: Ridgeway Mo

19. (a) 11-19-43 (Date received local registrar)

(b) John M. Burris (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison
(City or town) Ridgeway Mo
(If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 16, year 1943, hour 6:25, minute A.M.

21. I hereby certify that I attended the deceased from Sept. 1, 1943, to Nov. 16, 1943, that I last saw him alive on Nov. 16, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Retroperitoneal lympho-sarcoma

Duration: 18 mo.

Due to: —

Due to: —

Other conditions (Include pregnancy within 3 months of death): —

Major findings: —

Of operations: —

Of autopsy: General involvement

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: B. P. Golden (M. D.)
Address: Bethany Mo Date signed 11-18-43

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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 *P. R. Boffers*
Licensed Embalmer No. 3576
P. O. Address Ridgway 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.