

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 611827

FILED JAN 6 1944

Registration District No. 5781

Primary Registration District No. 5781

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Lape Girardeau  
(b) City or town Lape Girardeau  
(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 One year years, months or days

3. (a) PRINT FULL NAME John William Adams

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

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Missie Adams 6. (c) Age of husband or wife if alive, years 73  
7. Birth date of deceased July 7, 1871 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 4 13 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name John Boyd Adams  
13. Birthplace Sebastian (City, town, or county) (State or foreign country)  
14. Maiden name Gyrdine Rouse  
15. Birthplace Danzon (City, town, or county) (State or foreign country)

16. (a) Informant Walter Adams  
(b) Address Lape Girardeau, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 9-43 (Month) (Day) (Year)

(c) Place: burial or cremation Danzon Baptist Cemetery

18. (a) Signature of funeral director Walter Adams  
(b) Address Lape Girardeau Mo

19. (a) 12-14-43 (Date received local registrar) (b) Henry W. Burt (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County De Kalb  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. Oak Ridge, Mo (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16th year 1943 hour 6 PM minute  M.  
21. I hereby certify that I attended the deceased from Dec 1st 1943, to Dec 6 1943 that I last saw him alive on Dec 6 1943 and that death occurred on the date and hour stated above.  
Immediate cause of death Pneumonia Lobes with Asthma Duration

Due to 108  
Due to 108  
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 W.D. B. Haylock (M. D. or other)  
Address Oak Ridge Mo Date signed 12-8-43

(Licensed Embalmer's Statement on Reverse Side)

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

16  
9  
8

1328

JAN 18 1910

RECEIVED

District Health Officer No. 4  
District File Number 144-3100  
Date Filed 1-5-44

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

*Lyman Steele*

Licensed Embalmer No. 2476

P. O. Address

*Cape Girardeau, 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.