

FILED JAN 13 1944

Registration District No. 225

Primary Registration District No. 6098

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

1. PLACE OF DEATH

(a) County Schuylers

(b) City or town Rural Liberty
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuylers

(c) City or town Rural Liberty
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Wheeler Grant Adams

3. (b) If veteran, name war. ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 13
year 1943 hour 2 minute A.M.

21. I hereby certify that I attended the deceased from Dec 9
1938, to Dec 13, 1943

that I last saw him alive on Dec 13, 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Anna Adams alive _____ years

6. (c) Age of husband or wife if _____

7. Birth date of deceased Jan 7 1866
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion

Due to _____

Due to _____

Other conditions High Blood P.
(Include pregnancy within 3 months of death)

8. AGE: Years 77 Months 11 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired farmer

11. Industry or business _____

12. Name Alford Adams

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

14. Maiden name Jane McCarty

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

16. (a) Informant Opal Berman

(b) Address Lancaster, Mo.

17. (a) Burial (b) Date thereof 12-15-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation F. G. F. Cemetery

18. (a) Signature of funeral director W. G. Gentry

(b) Address Lancaster, Mo.

19. (a) Dec 15, 1943 (b) A. D. Justice
(Date received local registrar) (Signature of registrar)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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 R. E. Vaughn (M.D. or other) D.O.

Address Lancaster Date signed 12/13/43

1278

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-44-162
Date Filed JAN 1-2-1944

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.....

A. O. Fenton....., Registered Apprentice No. 3705
working under my personal supervision.

Signed A. O. Fenton.....

Licensed Embalmer No. 3705.....

P. O. Address Lancaster, ms......

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.