

5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 128

Registration District No. 360 Primary Registration District No. 3076

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada
(c) Name of hospital or institution:
Nevada City Hospital
(d) Length of stay: In hospital or institution one day
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon
(c) City or town Nevada
(d) Street No. 244 N. Ash
(e) Citizen of foreign country? No

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 22
year 1943 hour 10 minute 20 P.M.
21. I hereby certify that I attended the deceased from 12-22 1943 to _____ 19____
that I last saw h. in alive on 12-22 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 Married
6. (b) Name of husband or wife Catherine Adams
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar 6th 1887
(Month) (Day) (Year)

Immediate cause of death Coronary heart failure with aneurysm
Due to (Etiology undetermined)

8. AGE: Years 56 Months 9 Days 16
If less than one day _____ hr. _____ min.

Other conditions _____
Major findings: 93e2
Of operations _____
Of autopsy _____

9. Birthplace Clinton Iowa
10. Usual occupation Manager of Crawford County Retailers Association
11. Industry or business _____
12. Name Charles J. Adams
13. Birthplace Unknown Unknown
14. Maiden name Glenn
15. Birthplace Unknown Unknown

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? _____
23. Signature C. Braxton Davis
Address Nevada, Mo. Date signed 12-22-43

16. (a) Informant Miss Catherine Adams
(b) Address Nevada, Mo.
17. (a) Burial (b) Date thereof Dec 26 1943
(c) Place: burial or cremation Newton Burial Park
18. (a) Signature of funeral director Wayne Funeral Service
(b) Address Nevada, Mo.
19. (a) 12-28-43 (b) W. B. Bevel
(Date received local registrar) (Registrar's signature)

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

18
1
2

1887

RECEIVED

San Francisco District Health Officer No. 7.

San Francisco Health Director 12-43-1428

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 Mack A. Braswell

Licensed Embalmer No. 2529

P. O. Address Nevada 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.