

FILED FEB 17 1942

Primary Registration District No. **4517**

Registrar's No. **2**

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

1. PLACE OF DEATH:
(a) County **Taney**
(b) City or town **Branson**
(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 **Taney**
(c) City or town **Branson**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **ROBERT JAMES ADAMS**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec.** day **18th**
year **1943** hour **5:00** minute **A.M.**

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

21. I hereby certify that I attended the deceased from **Dec. 17th** 19**43** to **Dec. 18th** 19**43**
that I last saw him alive on **Dec. 17th** 19**43**
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**

Immediate cause of death **Apoplexy** Duration **2 days**

6. (b) Name of husband or wife **Jessie Mable Adams** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **Oct - 4th - 1867**
(Month) (Day) (Year)

Due to **Arterial Sclerosis & High blood pressure** **Several years**

8. AGE: Years **76** Months **2** Days **14** If less than one day hr. _____ min. _____

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

Other conditions (Include pregnancy within 3 months of death) **None**

10. Usual occupation **Carpenter - Retired**

Major findings: Of operations **None** Of autopsy **None** PHYSICIAN **J. B. A.**
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name **John Adams**

13. Birthplace **Ky.** (City, town, or county) **Mo.** (State or foreign country)

14. Maiden name **Lacey Ann Spangman**

15. Birthplace **Mo. Knowlton** (City, town, or county) **Mo.** (State or foreign country)

16. (a) Informant **Mrs. Jessie Adams** (b) Address **Branson Mo.**

17. (a) Removal **Removal** (b) Date thereof **Dec 16 - 43** (Month) (Day) (Year)
(c) Place: burial or cremation **Burial**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

18. (a) Signature of funeral director **R. O. Schubert** (b) Address **Branson Mo.**

(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? _____
(Specify type of place) (e) Means of injury **None**

19. (a) **Dec 16 43 Mary Muller** (Date received local registrar) (Registrar's signature)

While at work? _____
23. Signature **A. T. Evans** (M. D. or other) **Mo.**
Address **Branson Mo.** Date signed **12/18/43**

RECEIVED

District Health Officer No. 6,

District File Number 244-213

Date Filed FEB 15 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.....

Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed Minnie L. Welchel

Licensed Embalmer No. 2277

P. O. Address Bramson 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.