

FILED MAY 15 1944

Registration District No.

Primary Registration District No. 3002

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Audrain
 (b) City or town Mexico
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Audrain Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 2 1/2 months
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME George Hugh Adams

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Nannie Adams 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased February 17, 1879
 (Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 11 If less than one day
 hr. min.

9. Birthplace Audrain County, Missouri (City, town, or county) (State or foreign country)
Retired farmer

10. Usual occupation

11. Industry or business

12. Name George W. Adams

13. Birthplace Audrain County, Missouri (City, town, or county) (State or foreign country)

14. Maiden name Alice Kincaid

15. Birthplace Pike County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Dr. C.S. Adams

(b) Address Mexico, Mo.

Burial

17. (a) (b) Date thereof Mar. 30, 44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farber, Missouri

18. (a) Signature of funeral director Earl E. ...

(b) Address Mexico, Mo.

19. (a) Mar-30-44 (b) Margaret H. Mackie
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4
 (c) City or town Farber (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 28
 year 1944 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 4, 1944 to Mar 28, 1944
 that I last saw him alive on Mar 28, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death: myocardial chr.
branchio-ectasis
Due to Cerebro-vascular
 Duration 7
1 year
3 mos.

Due to

Other conditions Senility
 (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 R. S. Williams (M. D. or other) M.D.
 Address Mexico Mo Date signed 3/29/44

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

RECEIVED

District Health Officer No. 10

District File Number 5-44-920

Date Filed MAY 12 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.....

Carl E. Precht, Registered Apprentice No.....

working under my personal supervision.

Signed.....

Carl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.