

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14641

State File No.

Registrar's No.

Registration District No. 128

Primary Registration District No. 54466

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Rural, St. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution (2512 W. Olive) Route #7
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Lifetime (Specify whether years, months or days)

3. (a) PRINT FULL NAME Wayne G. Adams

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased February 21, 1941
(Month) (Day) (Year)

8. AGE: Years 3 Months 1 Days 13 If less than one day hr. min.

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

10. Usual occupation None, Child

11. Industry or business None

12. Name William L. Adams

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

14. Maiden name Grace L. Musgrave

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

16. (a) Informant W. L. Adams

(b) Address 2512 W. Olive, Springfield, Mo.

17. (a) Burial (b) Date thereof 4-5-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn, Cemetery

18. (a) Signature of funeral director Dunn Funeral Home,

(b) Address Springfield, Mo.

19. (a) 4-5-44 (b) D. W. H. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Rural, St. Campbell Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. (2512 Olive) Route #7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th.
year 1944 hour 3 minute 45 A. M.

21. I hereby certify that I attended the deceased from April 1st 1944 to April 4th 1944
that I last saw him alive on April 3rd 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Of operations

Of autopsy

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 D. W. H. Handley (M. D. or other) ✓

Address Springfield, Mo. Date signed 4-5-44

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

X