

Registration District No. 2

Primary Registration District No. 3012

Registrar's No. 129

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1614 South Carr
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 years (Specify whether years, months or days)
In this community 4 years

3. (a) PRINT FULL NAME HENRY ALLEN ADAMS

3. (b) If veteran, none
3. (c) Social Security No. none

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hannah Wood Cordry
6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased May 5, 1855
(Month) (Day) (Year)

8. AGE: Years 88 Months 11 Days 3
If less than one day hr. ✓ min.

9. Birthplace Crawford County Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name William Adams

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

14. Maiden name Mary Adams

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

16. (a) Informant Cora Nicholson (deu.)

(b) Address 1204 S. Lamine Sedalia

17. (a) Burial (b) Date thereof 4/9/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Ridge

18. (a) Signature of funeral director Ewing Funeral Home

(b) Address Sedalia, Mo.

19. (a) 4-8-44 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia (If outside city or town limits, write "RURAL")
(d) Street No. 1614 South Carr (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1944 hour 7:10 minute A. M.

21. I hereby certify that I attended the deceased from 1939, 19 4/8 to 4/7, 19 44
that I last saw him alive on 4/7, 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death ext cerebral hemorrhage
Hypertension
Due to hypertension

Other conditions 83a
(Include pregnancy within 3 months of death)

Major findings: 83a
Of operations 83a
Of autopsy 83a

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 83a
(b) Date of occurrence 83a
(c) Where did injury occur? 83a (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 83a

While at work? 83a (Specify type of place) (e) Means of injury 83a

23. Signature DR Byer (M. D. or other)
Address Sedalia Mo Date signed 4/8/44

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-5-44

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.....

John E. Mizers

Licensed Embalmer No. 3220

P. O. Address Sedalia, 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.