

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18010

FILED JUN 8/1944

Registration District No. 8/1944

Primary Registration District No. 2000

State File No. 449

Registrar's No. 449

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
306 N. NETTLETON
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 YR.
(Specify whether years, months or days)
In this community 4 YR.

3. (a) PRINT FULL NAME LARRY WILLIAM 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 SINGLE
6. (b) Name of husband or wife NONE
6. (c) Age of husband or wife if alive NONE years
7. Birth date of deceased APRIL 6, 1940
(Month) (Day) (Year)

8. AGE: Years 4 Months 1 Days 20
If less than one day hr. min.

9. Birthplace SPRINGFIELD MO. A.
(City, town, or county) (State or foreign country)

10. Usual occupation CHILD

11. Industry or business AT HOME

12. Name WILLIAM ADAMS

13. Birthplace SPRINGFIELD MO. A.
(City, town, or county) (State or foreign country)

14. Maiden name SHIRLEY PURVIS

15. Birthplace SPRINGFIELD MO.
(City, town, or county) (State or foreign country)

16. (a) Informant OSCAR ADAMS

(b) Address SPRINGFIELD MO.

17. (a) Burial (b) Date thereof May 28, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director W. Klingner

(b) Address SPRINGFIELD MO.

19. (a) 5-27-44 (b) Dr. W. H. Hensley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County GREENE
(c) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL")
(d) Street No. 306 N. NETTLETON
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1944 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from 5-25, 1944, to 5-26, 1944,
that I last saw him alive on 5-25, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Anginal Heart Disease

Due to 1572

Due to 1572

Other conditions 1572
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1572

Of autopsy 1572

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 1572

(b) Date of occurrence 1572

(c) Where did injury occur? 1572
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1572

While at work? 1572
(Specify type of place) (e) Means of injury 1572

23. Signature Max J. J. J. (M. D. or other) MO.

Address Springfield Mo Date signed 5-26-44

981 (Licensed Embalmer's Statement on Reverse Side)

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Ogb Slone Jr.

Licensed Embalmer No.....

4176

P. O. Address.....

Springfield

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.