

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22218

FILED JUL 11 1944
Registration District No. 274

Primary Registration District No. 59.32

State File No.

Registrar's No. 218

1. PLACE OF DEATH:

(a) County Pettis Co.
(b) City or town Rural La Monte, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 50 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME John William Adams

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married. 2 divorced Widowed
6. (b) Name of husband or wife. Sue Ball Adams 6. (c) Age of husband or wife if alive. 13 years
7. Birth date of deceased. Sep 13 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 10 15 hr. min.

9. Birthplace Clifto City Cooper Co. Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Samual Adams
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Bettie Blythe
15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Adams(b) Address Knob Noster Mo.17. (a) Burial (b) Date thereof 6-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Knob Noster Mo.18. (a) Signature of funeral director. B.F. Parker(b) Address La Monte Mo.19. (a) 6-30-44 (b) Mrs Anna Senger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis
(c) City or town La Monte Mo. Rural
(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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1944 hour 1 minute 30 P M.21. I hereby certify that I attended the deceased from June 28 1944
to June 28 1944
I last saw him alive on June 28 1944
and that death occurred on the date and hour stated above.Immediate cause of death Myocardial Degeneration 6 mo.
Due to Afflexy 2 1/2 yrs
Due toOther conditions
(Include pregnancy within 3 months of death)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 injury23. Signature W. E. Walker (M. D. or other) M.D.
Address La Monte Mo. Date signed 6-30-44

1032 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

2-10-44

AUG 3 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.....

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

Signed

B. F. Jarver

Licensed Embalmer No.

1592

P. O. Address

La Monte

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.