

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24652

FILED JUL 25 1944
Registration District No. 120

Primary Registration District No. 2000

State File No.

Registrar's No. 573

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: 830 W. Grand
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Benjamin Franklin Adams

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

4. Sex Male 5. Color Col. 6. (a) Single, widowed, married, divorced MARRIED
(b) Name of husband or wife Bertha Lee Adams 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Feby. 1, 1891
(Month) (Day) (Year)

8. AGE: Years 88 Months 5 Days 9 If less than one day
hr. min.

9. Birthplace UNK. Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business

12. Name Geo. W. Adams
13. Birthplace UNK. Ark.
(City, town, or county) (State or foreign country)
14. Maiden name Ester Allen
15. Birthplace UNK. Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Lee Adams
(b) Address 830 W. Grand Spfld. Mo

17. (a) Burial (b) Date thereof July 13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood - 7-13-44

18. (a) Signature of funeral director W. P. Campbell

(b) Address 809 Washington Ave., S.

19. (a) 7-13-44 (b) or withstanding
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 830 W. Grand
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1944 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 24th 1944, to July 10th 1944, that I last saw him alive on July 10th 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Chr. Myocarditis and Myocardial Degeneration Duration year

Due to

Due to

Other conditions: Chr. nephritis
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 121 hr

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?

(Specify type of place)
(e) Means of injury

R. E. Jenkins (M. D. or other) M.D.
305 1/2 College St Date signed 7-13-44

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

AUG 31 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.....

W. P. Campbell

Licensed Embalmer No.....

1747

P. O. Address.....

Springfield M.

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