V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33655

State File No.

FILED NOV 8 1944

Registration District No. Primary Registration District No. 1000 Registrar's No. 1093

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1415 Seneca st.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 19 yrs. /

2. USUAL RESIDENCE OF DECEASED: 11

(a) State Missouri (b) County Buchanan 1

(c) City or town St Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1415 Seneca st. 7
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles C. 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 married

6. (b) Name of husband or wife Sallie Adams

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased February (Month) 3 (Day) 1869 (Year)

8. AGE: Years 75 Months 8 Days 20 If less than one day ____ hr. ____ min.

9. Birthplace Maryville (City, town, or county) Missouri (State or foreign country)

10. Usual occupation School teacher

11. Industry or business

FATHER
12. Name Eli D. Adams
13. Birthplace Terre Haute (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Rachel Baker
15. Birthplace Nodaway Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs C. C. Adams
(b) Address St Joseph Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct 24 1944 (Month) (Day) (Year)
(c) Place: burial or cremation St Jo Mem Pk Cem.

18. (a) Signature of funeral director Heaton Beyale & Bowman
(b) Address St Joseph Mo.

19. (a) 10/24/44 (Date received local registrar) (b) Velma L Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23
year 1944 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 3 19 44 to Oct 23 1944
that I last saw him alive on Oct 23 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute coronary Thrombosis	7d
Due to: Arteriosclerosis	✓
Due to: Senility	
Other conditions (Include pregnancy within 3 months of death): NAD	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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)

While at work? (e) Means of injury

23. Signature E. L. Plath (M. D. or other) MD

Address Lathrop, Mo Date signed 10/24/44

(Licensed Embalmer's Statement on Reverse Side)

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. 1710

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.