

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34121

FILED NOV 13 1944

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 507

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days _____

3. (a) PRINT FULL NAME LYNNE ELLEN ADAMS

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 10 3 44
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 13 If less than one day
hr. _____ min. _____

9. Birthplace Joplin mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name James Wilbur Adams
13. Birthplace Joplin mo 0
(City, town, or county) (State or foreign country)
14. Maiden name Eleanor Honora Jones
15. Birthplace Cherokee Kans 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. James W. Adams
(b) Address Barton Springs, Kans
17. (a) Removal (b) Date thereof 10 16 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Parsons, Kansas

18. (a) Signature of funeral director Harvey's
(b) Address Barton Springs, Kans
19. (a) 10-19-44 (b) Arthur H. Hooten
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee 999
(c) City or town Barton Springs 14
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16 th
year 1944 hour 4 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from 10/4/44
_____ 19____ to 10/16/44 19____;
that I last saw her alive on 10/16/44 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
atresia of upper 1/3 of
duodenum (congenital defect)
Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death) 157M

Major findings:
Of operations same as above
Of autopsy same

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 injury _____
23. Signature R. C. Kirk (M. D. _____)
Address 904 Erie Blvd. Joplin Date signed 10/17/44

1204 (Licensed Embalmer's Statement on Reverse Side)

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

44-11-857

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.....

Rex N. Shewmake

Licensed Embalmer No.

1998 Kansas

P. O. Address

Opiter Springs, Kan

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.