

FILED NOV 22 1944

Registration District No. **7**

Primary Registration District No. **3008**

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

14
1
9

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution: State Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Mo - 28 da

In this community 2 Mo - 28 da

(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town University City

(d) Street No. 521 Westgate

(e) Citizen of foreign country? No

If yes, name country _____

3. (a) PRINT FULL NAME Bartlett 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, divorced Married

6. (b) Name of husband or wife Mrs. Bess Wade Adams 6. (c) Age of husband or wife if alive 57 1/2 years

7. Birth date of deceased April 9 1866

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>5</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) U

10. Usual occupation Automobile + accessory business

11. Industry or business _____

12. Name Wm A. Adams

13. Birthplace DK (City, town, or county) (State or foreign country) U

14. Maiden name Ellen Stacy

15. Birthplace England (City, town, or county) (State or foreign country) U

16. (a) Informant Mrs. Bess Wade Adams

(b) Address Box 117, Slater, Mo.

17. (a) Removal (b) Date thereof 10-9-1944

(c) Place: burial or cremation St. Louis, MO

18. (a) Signature of funeral director W. C. Brown

(b) Address 10-9-1944 (c) John M. ... (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8th year 1944 hour _____ minute 7 P. M.

21. I hereby certify that I attended the deceased from 7/20/1944 to 10/8/1944

that I last saw him alive on 10/7/1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to arteriosclerosis

Other conditions 93e

Major findings: _____

Of operations _____

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)

Means of injury _____

23. Signature John M. ... (M. D. or other) MA

Address Fulton, Mo. Date signed 10/9/44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED DEC 4 1944
District Health Officer No. 9,
District File Number _____
Date Filed 11-17-44

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 E. L. White

Licensed Embalmer No. 4168

P. O. Address Fresno, Cal.

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.