

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41364**
Registrar's No. **595**

FILED DEC 26 1944
Registration District No. **2001**

Primary Registration District No. **2001**

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 Hospital
(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 **Jimmie Lee Adams**

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

4. Sex **male** 0 5. Color or race **white** 0 6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **November 4, 1944**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 1 5 hr. _____ min.

9. Birthplace **Miami Oklahoma**
(City, town, or county) (State or foreign country)

10. Usual occupation **infant**

11. Industry or business _____

12. Name **J. W. Adams**
13. Birthplace **Oklahoma**
(City, town, or county) (State or foreign country)

14. Maiden name **Helen Archer**
15. Birthplace **Kansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **J. W. Adams**
(b) Address **R.F.D. # 1, Miami, Okla.**

17. (a) **Burial** (b) Date thereof **12/11/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Miami, Oklahoma**

18. (a) Signature of funeral director **COOPER FUNERAL HOME**

(b) Address **Miami, Oklahoma**

19. (a) **12-11-44** (b) **Jestus Sushalter**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Oklahoma** (b) County **Ottawa** 999
(c) City or town **Miami Rural** 34
(If outside city or town limits, write "RURAL")
(d) Street No. **R.F.D. # 1**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **9**
year **1944** hour **5** minute **42** P. M.

21. I hereby certify that I attended the deceased from **12-9-44**
_____, 19____, to **12-9-44**, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Intestinal Obstruction**
Due to **Intussusception**
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **122 b'**
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 injury _____

23. Signature **Jestus Sushalter** (M. D. or other) **no**
Address **Joplin Mo** Date signed **12/11/44**

(Licensed Embalmer's Statement on Reverse Side)

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

44-12-1037

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

Steve Parker

Licensed Embalmer No.

2548

P. O. Address

90115

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.