

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 10 1945
Registration District No. 10222

Primary Registration District No. 3252

Registrar's No. 414

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
223 East Third St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXX
In this community about five years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Chester Lyman Adams

3. (b) If veteran, name war none 3. (c) Social Security No. 496-16-2985

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mrs. Lena Wilson Adams 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased August 12, 1879
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 7 If less than one day hr. min.

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

10. Usual occupation Clerk

11. Industry or business retail stores

12. Name Chester Adams

13. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Sid Mabry (landlord)

(b) Address 213 East Chestnut, Sedalia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/44
(Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director Arnone Ewing

(b) Address Sedalia, Missouri

19. (a) 12/21/44 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 213 East Second St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19 year 1944 hour 4:35 minute P M.
viewed the body as coroner

21. I hereby certify that I attended the deceased from Dec 19, 1944 to 19;
that I last saw him alive on 19, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration

CHF

Due to Chronic alcoholism

Due to _____

Other conditions 776
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Arteriosclerosis

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
No 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 5

23. Signature Dr. H. L. Hadden (M. D. or other) Coroner
Address 229 E. Main St. Sedalia, Mo. Date signed 12/21/44

(Licensed Embalmer's Statement on Reverse Side)

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

30
6
4

1022

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-5-45

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. 33847

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.