

FILED JAN 23 1945

Registration District No. _____

Primary Registration District No. 4552

State File No. _____

Registrar's No. 120

1. PLACE OF DEATH: Wright

(a) County _____
(b) City or town Mountain Grove
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 23 years
years, months or days

3. (a) PRINT FULL NAME Louis Edson Adams

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-26-1530

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lela Edith Adams 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased January 1 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 11 10 hr. min.

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

10. Usual occupation Truck Driver
11. Industry or business General Trucking

12. Name Richard Adams
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Berthana Wright
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Edith Adams
(b) Address Mountain Grove Mo
17. (a) Burial (b) Date thereof 12/17/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hill-Crest Cemetery
18. (a) Signature of funeral director _____
(b) Address Mountain Grove Mo
19. (a) 12-15-44 (b) H. M. Lawer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri wright 114
(a) State _____ (b) County _____
(c) City or town Mountain Grove
(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 December day 11
year 1944 hour 9 minute 50 P. M.

21. I hereby certify that I attended the deceased from Dec. 9 - 1944 to Dec. 11, 1944.
that I last saw him alive on Dec. 10 - 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis
Due to _____
Due to 94a

Other conditions
(Include pregnancy within 3 months of death)

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: _____ (M. D. or other)
Address: _____ Date signed 12-2-44

JAN 12 1948

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.....

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.