

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 15 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

2714

Registration District No.

170

Primary Registration District No.

5632

Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Brownfield (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Billy Douglas 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 10
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive years 17
7. Birth date of deceased Dec. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
— — 29 hr. min.

9. Birthplace Laclede Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation —

11. Industry or business —

12. Name Vinnie Adams
13. Birthplace Laclede Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name Nela Summers
15. Birthplace Sapulpa Okla. (City, town, or county) (State or foreign country)

16. (a) Informant Vinnie Adams
(b) Address Brownfield Mo.
17. (a) Burial (b) Date thereof 1-17-45 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cross Roads

18. (a) Signature of funeral director no funeral director
(b) Address —
19. (a) Febr. 1-45 (b) Grace Popew (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede
(c) City or town Brownfield Rural 53 (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 Jan day 16 year 1945 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Jan. 11, 1945 to Jan. 16, 1945 that I last saw him alive on Jan. 16, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration 4 days

Due to —

Due to 107

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

Major findings: Of operations — Of autopsy — 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?

While at work? (Specify type of place) (e) Means of injury —

23. Signature H. A. Hamilton (M. D. or other) —
Address Sebanon, Mo. Date signed 1-16-45

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

MOTHER, FATHER

Received

Laclede County Health Unit

File No. 1-45-9

Date Filed 2/14/45

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

No Embalming, Registered Apprentice No.
working under my personal supervision.

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon Mo.

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.