S. No. 2
M—8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1945

Registration District No. 5.3

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5730

State File No.

Primary Registration District No. 2010

Registrar's No. 41

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Francis Hosp. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 160

(c) City or town Fornfelt 2
(If outside city or town limits, write "RURAL")

(d) Street No. O
(If rural, give location)

(e) Citizen of foreign country? No / (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Earl Zeddy Adams

3. (b) If veteran, name war No

3. (c) Social Security No. 490-24-5162

4. Sex Male

5. Color or race White

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 June (Month) 11 (Day) 1893 (Year)

8. AGE:	Years	Months	Days	If less than one day
	51	7	25	hr. min.

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

10. Usual occupation Watch man

11. Industry or business

MOTHER FATHER

12. Name Geo. W. Adams

13. Birthplace — (City, town, or county) Ky (State or foreign country)

14. Maiden name Sarah Kathleen Trotter

15. Birthplace Cape Co (City, town, or county) Mo (State or foreign country) O

16. (a) Informant Sarah Adams

(b) Address Farmfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 8 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Wightner Cem. Illmo Mo

18. (a) Signature of funeral director Bisplinghoff & Hubbard

(b) Address Illmo, Mo

19. (a) 2-12-45 (Date received local registrar) (b) F. M. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 6
year 1945 hour 7 minute 35 P. M.

21. I hereby certify that I attended the deceased from 2/5, 1945, to 2/6, 1945; that I last saw him alive on /, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	
Due to Asthma (Cardiac)	
Due to	
Other conditions (Include pregnancy within 3 months of death) V	

Major findings:
Of operations 93d

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? (c) Means of injury O

23. Signature R. C. Lee M D (M. D. or other)

Address Illmo Mo Date signed 2/4/45

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 345-312

Date Filed 3-6-45

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 Maurice Bugsang Hoff

Licensed Embalmer No. 3242

P. O. Address Chaffee, 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.