

FILED MAY 8 1945
Registration District No. 6041

Primary Registration District No. 6041

Registrar's No. 1508

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Waverly
(If outside city or town limits write "RURAL" and name of township)
(c) Name of hospital or institution: 4 miles S.W. of Waverly
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days

3. (a) PRINT FULL NAME CALVIN BRYANT ADAMS

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married divorced
(b) Name of husband or wife Louise Elizabeth Adams (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Dec. 22, 1891
(Month) (Day) (Year)

8. AGE: Years 53 Months 3 Days 13 If less than one day
hr. _____ min. _____

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

10. Usual occupation farmer

11. Industry or business _____

12. Name Susann Bryant Adams
13. Birthplace Carlotta Co. Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Marion Waters
15. Birthplace Carlotta Co. Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant See Adams
(b) Address Waverly Mo.

17. (a) Burial (b) Date thereof Apr. 18 - 45
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marlin Cemetery

18. (a) Signature of funeral director Missie Fish
(b) Address Waverly Mo.

19. (a) May 1 - 45 (b) Bertha White
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ripley
(c) City or town Waverly
(If outside city or town limits, write "RURAL")
(d) Street No. 4 miles S.W. of Waverly
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 15
year 1945 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 45 to April 15 - 45
that I last saw him alive on April 10
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of liver and spleen
Due to none
Due to none

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy no

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? at home
(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? at home Means of injury _____

23. Signature Steenhardt (M. D.)
Address Waverly Mo. Date signed 7/25/45

RECEIVED

District Health Officer No. 5.

District File Number 545-235-

Date Filed 5. 7. 48.

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.