

FILED MAY 22 1945

Registration District No. 34

Primary Registration District No. 4045

Registrar's No. 80

1. PLACE OF DEATH

(a) County Boone  
(b) City or town Ashland  
(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  
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Lillie Adair

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Charles Adair 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased June 21 1879  
(Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 19 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Wm Drake

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

14. Maiden name Anna Roberts

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

16. (a) Informant Mrs. O. F. Nichols

(b) Address 1218 Walnut Columbia

17. (a) Buried (b) Date thereof 4-12-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Salem Cem.

18. (a) Signature of funeral director Wm. F. Burnett

(b) Address Ashland Mo

19. (a) May 10, 1945 (b) Mrs. Alice Esten  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Ashland  
(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 April day 10  
year 1945 hour 3 minutes 30 P. M.

21. I hereby certify that I attended the deceased from Jan 1 1945 to Apr 10 1945  
that I last saw him alive on Apr 10  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma of left lung

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 470

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?

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

23. Signature H. B. Fryer (M. D. or other)

Address Ashland Mo Date signed 4-10-45

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-21-45

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.....

Le Roy Clappool  
working under my personal supervision

Registered Apprentice No. 374

Signed.....

Licensed Embalmer No. 3567

P. O. Address Rosland 118

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.