S. No. 2
M—8-43
5-17-39
P1 X37823

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

D. Ellery

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 6 1945

Registration District No. 1998

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17346

Primary Registration District No. 5661

Registrar's No. 43

1. PLACE OF DEATH:
(a) County Lewis Co.
(b) City or town Ewing Rural.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community life - 58 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lewis 56
(c) City or town Ewing (Rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No. 4 mi. W. of Ewing.
(If rural, give location)
(e) Citizen of foreign country? D (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Oscar Lester Adams
3. (b) If veteran, name war no.
3. (c) Social Security No. no.

4. Sex M
5. Color or race W.
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 May (Month) 28 (Day) 1886 (Year)

8. AGE: Years 58 Months 11 Days 23 If less than one day hr. min.

9. Birthplace Ewing, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer.
11. Industry or business

FATHER
12. Name Lige Adams. O
13. Birthplace Lewis Co. Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucy Maggard.
15. Birthplace Louisville Ky. (City, town, or county) (State or foreign country)

16. (a) Informant Florence Porter
(b) Address Ewing. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date hereof May 23-45 (Month) (Day) (Year)
(c) Place: burial or cremation Ewing
18. (a) Signature of funeral director Thomas D. Baer
(b) Address Ewing Mo.
19. (a) May 29 1945 (Date received local registrar) (b) P. W. Jennings M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1945 hour 01 minute 23 P. M.
21. I hereby certify that I attended the deceased from APRIL 19, 1945, to MAY 21, 1945; that I last saw him alive on MAY 14, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CANCER OF LIVER	
Due to	
Due to	
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 W. L. Ellery M.D. (M. D. or other)
Address Lawrence Mo. Date signed

781 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-45-877
Date Filed JUN 4 1945

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 Thomas S Ball

Licensed Embalmer No. 1764

P. O. Address Ewing, 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.