

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17877

State File No.

FILED JUN 1 1945

Primary Registration District No. 3056

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Woodland Hospital
(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 years, months or days

3. (a) PRINT FULL NAME

W. Roy 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 Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb 9th 1882
(Month) (Day) (Year)

8. AGE: 63 Years 2 Months 22 Days If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name William W. Adams
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Jessie Blackford
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs M. Adams
(b) Address Moberly

17. (a) Burial (b) Date thereof May 30 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahon and Son
(b) Address Moberly, Mo

19. (a) 5-8-45 (b) Anna Wade
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Prairie Township
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1945 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from Apr. 30, 1945 to May 1, 1945
that I last saw him alive on May 1, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage 24 hrs
Paralysed on the left side.
Due to Hypertension.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 Dr. J. H. H. H. (M. D. or other)
Address Moberly, Missouri Date signed 5/3/45

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

RECEIVED
MAY 17 1945 District Health Officer No. 12
District File Number 16-45-973
Date Filed JUN 12 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 Frank D. G. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.