. S. No. 2
M—8-43
. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25152

FILED AUG 9 1945

Registration District No. 324

Primary Registration District No. 6093

Registrar's No. 110

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

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution: Marshall
4 mi E marshall 1 Jun
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline 97

(c) City or town Marshall "Rural" 0
(If outside city or town limits, write "RURAL")

(d) Street No. 4 mi E. marshall 0
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME JOHN ELIAS ADAMS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single; widowed, married, divorced married 1

6. (b) Name of husband or wife anna marie Adams

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased May (Month) - 8 (Day) - 1864 (Year)

8. AGE: Years 81 | Months 2 | Days 3 | If less than one day hr. min.

9. Birthplace Saline County (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James Adams
13. Birthplace Ky. 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret O'Donnell
15. Birthplace Cooper Co. Mo 1 (City, town, or county) (State or foreign country)

16. (a) Informant Bess Adams
(b) Address marshall, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cem Marshall Mo

18. (a) Signature of funeral director Harry Hershberger
(b) Address marshall, Mo

19. (a) 7-12-1945 (Date received local registrar) (b) Mrs T. DeWeese (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1945 hour 6 minute 55 P M.

21. I hereby certify that I attended the deceased from June 30 1940, to July 11 1940
that I last saw h[illegible] alive on July 11 1940
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
A Apoplexy	
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 H C Emmerson (M. D. or other)

Address Marshall Mo. Date signed 7-12-45

125 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-8-45

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 Harry Hershberger

Licensed Embalmer No. 4357

P. O. Address Marshall, 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.