.S. No. 2
OM—8-43

FILED SEP 4 1945

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26814

Registration District No. 42 | Primary Registration District No. 1000 | State File No. | Registrar's No. 897

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Methodist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gentry
(c) City or town Albany (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

3. (a) PRINT FULL NAME Dan H. Adams
3. (b) If veteran, name war Unknown.
3. (c) Social Security No. Unknown
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 July 7th. 1875 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70	1	6	hr. min.

9. Birthplace Gentry County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation farmer
11. Industry or business farm
FATHER 12. Name John Q Adams
13. Birthplace Unknown, North Carolina (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Martha Rose,
15. Birthplace Unknown, North Carolina (City, town, or county) (State or foreign country)
16. (a) Informant J. K. Adams
(b) Address Albany, Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 8/14/45 (Month) (Day) (Year)
(c) Place: burial or cremation Albany, Mo.
18. (a) Signature of funeral director Heaton Bellis & Bowman
(b) Address 319 So. 10th Street,
19. (a) 8/14/45 (Date received local registrar) (b) Helen I. Fickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13 year 1945 hour 8 minute 30 P M.
21. I hereby certify that I attended the deceased from 8-12 1945, to 8-13 1945, that I last saw him alive on 8-13 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Fracture dislocation of 6 cervical vertebra	6 days
Due to Paralysis from	
Due to [illegible]	

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) accident
(b) Date of occurrence 8-7-45
(c) Where did injury occur? Albany Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm in Garden (Specify type of place)
While at work? Yes (e) Means of injury Fainted and fell
23. Signature S. F. Senan (M. D. or other) D.O.
Address St Joseph Mo Date signed 8-14-45

1377

(Licensed Embalmer's Statement on Reverse Side)

Mr. Earl Heinz
722½ Francis

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 Gerald I. Wade

Licensed Embalmer No. 4172

P. O. Address St. Joseph

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.