No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 18 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27846

Registration District No. 198 — Primary Registration District No. 5719 — Registrar's No. 12

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Callao Township "rural"
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Callao Mo R.F.D #3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community yes
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Macon
(c) City or town Callao Township "rural"
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ronald Herbert 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 ✓
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased (Month) 7 (Day) 1 (Year) 1945
8. AGE: Years 0 Months 0 Days 3 If less than one day hr. 40 min.
9. Birthplace Callao township (City, town, or county) 0 (State or foreign country)
10. Usual occupation ✓
11. Industry or business ✓

MOTHER FATHER
12. Name Damon Edward Adams
13. Birthplace Bevier (City, town, or county) Mo (State or foreign country)
14. Maiden name Viola Day
15. Birthplace Randolph County (City, town, or county) Mo (State or foreign country)

16. (a) Informant Damon Adams
(b) Address Callao Rural
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-45 (Month) (Day) (Year)
(c) Place: burial or cremation Concord Cemetery
18. (a) Signature of funeral director W.G. Conner
(b) Address Bevier Mo
19. (a) 7-6-45 (Date received by local registrar) (b) Winnie T. Rowland (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1945 hour 2 am minute M.
21. I hereby certify that I attended the deceased from July 1, 1945, to July 4, 1945
that I last saw him alive on July 3, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage (Hemiplegia)	
Due to: Burn injury	
Due to: Suffered at labor of mother, with gallbladder disease.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
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 Dr. E. L. Woodward (Attending physician)
Address Bevier, Mo Date signed 7/5/45

12 87 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-45-1233
Date Filed AUG 16 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 R. G. Edwards

Licensed Embalmer No. 1761

P. O. Address Berwick 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.