V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30650

FILED OCT 15 1945

Registration District No. 141

Primary Registration District No. 3025

Registrar's No. 102

1. PLACE OF DEATH:
(a) County HOWELL
(b) City or town WEST PLAINS
(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 (Specify whether years, months or days)
In this community 1½ YEARS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County HOWELL 46
(c) City or town WEST PLAINS,
(If outside city or town limits, write "RURAL")
(d) Street No. 305 So. WALKER ST.
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN WESLEY 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 MARRIED
6. (b) Name of husband or wife CAROLINE HIGHFILL ADAMS.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased APRIL 21, 1863 (Month) (Day) (Year)

8. AGE: Years 82 | Months 5 | Days 3 | If less than one day hr. min.

9. Birthplace OREGON Co., (City, town, or county) Mo. (State or foreign country)
10. Usual occupation FARMER
11. Industry or business (Retired)
MOTHER FATHER
12. Name JAMES ADAMS
13. Birthplace UNKNOWN. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name CAROLINE HUFF
15. Birthplace UNKNOWN. (City, town, or county) (State or foreign country)
16. (a) Informant MRS. CAROLINE ADAMS
(b) Address WEST PLAINS, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 27, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation HOWELL VALLEY CEM., HOWELL Co., HOWELL TWP.
18. (a) Signature of funeral director Hal Thornburgh
(b) Address WEST PLAINS, Mo.
19. (a) 9-28-45 (Date received local registrar) (b) Gladys Harrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 24, year 1945 hour 10: minute 15 A. M.
21. I hereby certify that I attended the deceased from 12-24-, 1943, to 9-24-, 1945; that I last saw h[illegible] alive on 9-24-, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Myocarditis	
Coronary sclerosis	
Due to: General Arteriosclerosis	
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 C
23. Signature E. L. Bohrer (M. D. or other) MD
Address West Plains, Mo. Date signed 9-27-45

1519

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 1045-S14
Date Filed 10-13-45

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 Hal Thornburgh

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.