

S. No. 2  
M-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **40915**

**FILED JAN 9 1948**

Registration District No. **73**

Primary Registration District No. **5291**

Registrar's No. **132**

1. PLACE OF DEATH:

(a) County **Clay Liberty Miss**  
(b) City or town **Liberty Miss**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1007 Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **12 mo**  
In this community **12 mo**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **New Madrid**  
(c) City or town **Liberty**  
(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 **Edward Thomas Adams**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife **wife dead** 6. (c) Age of husband or wife if alive **6** years  
7. Birth date of deceased **Dec 6 1868**  
(Month) (Day) (Year)

8. AGE: Years **77** Months **0** Days **19** If less than one day hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Wm Adams**  
13. Birthplace **New Madrid Mo**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Callie Redde**  
15. Birthplace **New Madrid Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **J. E. Thomas** (b) Address **Liberty Mo**

17. (a) **REMOVED** (b) Date thereof **12/28/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hayti, MISSOURI**

18. (a) Signature of local registrar **Liberty Missouri**

(b) Address **Liberty Missouri**

19. (a) **Dec 26 1948** (b) **Missouri**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **25**  
year **1945** hour **0748** minute **55 P** M.

21. I hereby certify that I attended the deceased from **Sept 15 1944** to **Dec 25 1948**  
that I last saw him alive on **Dec 25 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **General Atherosclerosis**  
Due to

Due to  
Other conditions (Include pregnancy within 3 months of death) **none**

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 **Burton Malby** (M. D. or other) **MD**  
Address **Liberty Mo** Date signed **12-25-48**

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

WOMEN, FATHERS

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 1-8-46

**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

*Self*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Victor E. Jones*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*Delaware*

Failure to comply with

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.