

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41905**

FILED JAN 5 1946
Registration District No. **233**

Primary Registration District No. **5813**

Registrar's No. **8**

1. PLACE OF DEATH:

(a) County **Montgomery**
(b) City or town **Wellsville, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **at home of Wm. Bunch**
(If not in hospital or institution, write street number or location)
(d) Length of stay: **4 days** (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME

William M. Adams Jr.

3. (b) If veteran, name war **✓**

3. (c) Social Security No. **✓**

4. Sex **Male** 5. Color or race **W.**

6. (a) Single, widowed, married, divorced **Widowed**

(b) Name of husband or wife **Mary Frances Adams**

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

7. Birth date of deceased **March 31 1861**
(Month) (Day) (Year)

8. AGE: Years **84** Months **8** Days **17**
If less than one day hr. min.

9. Birthplace **Missouri**
(City, town or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business **Retired**

12. Name **William Adams Sr.**

13. Birthplace **Missouri**
(City, town or county) (State or foreign country)

14. Maiden name **Mary Ann Adams**

15. Birthplace **Missouri**
(City, town or county) (State or foreign country)

16. (a) Informant **Wm. Bunch**

(b) Address **Wellsville Mo**

17. (a) **Burial** (b) Date thereof **12/20/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wellsville Mo**

18. (a) Signature of funeral director **W. B. Wells**

(b) Address **Wellsville Mo**

19. (a) **12-21-45** (b) **Thos. Merritt**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Montgomery**
(c) City or town **Buell Mo**
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **18** year **1945** hour **5** minute **30.9** M.

21. I hereby certify that I attended the deceased from **Dec 16** to **Dec 18** 19**45**
that I last saw him alive on **Dec 16** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction**

Due to **Chronic Interstitial Nephritis**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **12/18**

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 **A. Smith** (M. D. or other)

Address **Wellsville Mo** Date signed **12/21/45**

1450

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 1-2-46

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, or by Self,
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed, E. B. Wells

Licensed Embalmer No. 1588

P. O. Address. Yellowville 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.