

FILED JAN 9 1946
Registration District No. 274

Primary Registration District No. 5932

Registrar's No. 329

1. PLACE OF DEATH:
(a) County... Pettis
(b) City or town... Rural - La Monte
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6 miles Southwest
(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 81 years

3. (a) PRINT FULL NAME John O. Adams
3. (b) If veteran, name war... 3. (c) Social Security No...

4. Sex M Color W
5. Color or race W
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 Oct 17 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 I 16 hr. min.

9. Birthplace Pettis Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Black Smith

11. Industry or business...

12. Name George Adams

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

14. Maiden name Jane Mc Berent
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Fannie Rice
(b) Address La Monte Mo.

17. (a) Burial (b) Date thereof Dec. 5-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rayburn Cemetery

18. (a) Signature of funeral director B. F. Parker
(b) Address La Monte Mo.

19. (a) 12-5-45 (b) R. G. Campbell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pettis
(c) City or town Rural - La Monte
(If outside city or town limits, write "RURAL")
(d) Street No. 6 miles Southwest
(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 3
year '45 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from July 1939 to Dec 3 1945
that I last saw him alive on Dec 2 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Prostate
Duration 6 yrs 5 mo

Due to...

Due to...

Other conditions...
(Include pregnancy within 3 months of death)

Major findings:
Of operations... 518
Of autopsy...

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 H. E. Walker (M. D.)
Address La Monte Mo Date signed 12-45

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed.....1-2-76

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.....

A. J. Carter

Licensed Embalmer No.....1592

P. O. Address.....La Monte 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.