

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **2074**
Registrar's No. **83**

FILED FEB 11 1946
Registration District No. **42**

Primary Registration District No. **1000**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **State Hospital # 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 yr. 3 mo. 28 days**
(Specify whether years, months or days)
In this community **2 yrs. 3 mo. 28 days**

3. (a) PRINT FULL NAME **Dave Allen Adams**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **Malvina Horton** 6. (c) Age of husband or wife if alive **deceased**
7. Birth date of deceased **February 4, 1871**
(Month) (Day) (Year)

8. AGE: Years **74** Months **11** Days **18** If less than one day
hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER { 12. Name **Samuel Adams**
13. Birthplace **Kentucky** (City, town, or county) (State or foreign country)
14. Maiden name **Susan unknown**
15. Birthplace **unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Esten Adams son**
(b) Address **1610 East 9th, Trenton**
17. (a) **burial** (b) Date thereof **1/24/46**
(Month) (Day) (Year)
(c) Place: burial or cremation **Refuge Cemetery Kirkville, Mo.**

18. (a) Signature of funeral director **Walter B. DeLoe**
(b) Address **St. Joseph, Mo.**
19. (a) **Jan. 24, 1946** (b) **Off. M. L. L. L.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Grundy**
(c) City or town **Trenton** (If outside city or town limits, write "RURAL")
(d) Street No. **--** (If rural, give location) **7**
(e) Citizen of foreign country? **--** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **22**
year **1946** hour **10** minute **55A.** M.

21. I hereby certify that I attended the deceased from **Nov. 1, 1945** to **January 22, 1946**
that I last saw him alive on **January 22, 1946**
and that death occurred on the date and hour stated above.
Immediate cause of death **Coronary Disease** Duration **Unk.**

Due to
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **J. L. Campbell** (M. D. or other) **md.**
Address **Box 2 St. Joseph, Mo.** Date signed **1/24/46**

088
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 22 Jan 7
....., Registered Apprentice No. ✓
working under my personal supervision.

Signed

Harold Bowman

Licensed Embalmer No. 3619

P. O. Address St. Joseph, 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.