

FILED FEB 5 1946

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 8

13
3
2
1964
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Newton
(b) City or town Neosho
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Twenty five years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Neosho
(If outside city or town limits, write "RURAL")
(d) Street No. 155 South High St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME David Adam

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

(b) Name of husband or wife Mary Ann Murrehead (c) Age of husband or wife if alive 24 years

7. Birth date of deceased: April 24 1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Denny Scotland
(City, town or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Andrew Adams
13. Birthplace unknown Scotland
(City, town or county) (State or foreign country)
14. Maiden name Helen Durie
15. Birthplace unknown Scotland
(City, town or county) (State or foreign country)

16. (a) Informant Mary Ann G Adams

(b) Address Neosho no.

17. (a) Burial (b) Date thereof 1 25 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1006 Cemetery Neosho Mo

18. (a) Signature of funeral director Tha Biglam Mortuary

(b) Address Neosho Missouri

19. (a) Jan 26 1946 (b) Melvin L. Bowman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24th
year 1946 hour 1:45 minute am

21. I hereby certify that I attended the deceased from 1/15/46, 19____ to 1/24/46, 19____
that I last saw him alive on 1/22/46, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Arterio Sclerosis

Due to _____
Other conditions _____
(Includes pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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 RL Yarnor (M. D. or other)
Address Neosho Mo Date signed 1/25/46

Duration 8 years
2 weeks
Recent
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. _____

District File Number 46-7

Date Filed 2-1-46

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 _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Warren H. Hamak

Licensed Embalmer No. 4400

P. O. Address Desha, 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.