

Registration District No. 170

Primary Registration District No. 5645

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Laurence
(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 mile south of Aurora 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 62 yr years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laurence 55
(c) City or town Aurora Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 1 mile south of Aurora (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

William L. Adams

3. (b) If veteran,

name war _____

3. (c) Social Security

No. 4

4. Sex

M O

5. Color or race

W

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

Married

6. (b) Name of husband or wife

Rhoda Adams

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

57 years

7. Birth date of deceased

April 14 (Month)

1888 (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

62 10 5 hr. min.

9. Birthplace

Christian County (City, town, or county) (State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

Cass Adams

13. Birthplace

Christian County (City, town, or county) (State or foreign country)

14. Maiden name

Bliss Presnell

15. Birthplace

Ind (City, town, or county) (State or foreign country)

16. (a) Informant

Rhoda Adams

(b) Address

Aurora Mo

17. (a)

Burial

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

Maple Park

18. (a) Signature of funeral director

Escoe S. Marsh

(b) Address

Aurora Mo

19. (a)

Feb 4 1946 (Date received local registrar)

(b)

Oran Mae Nell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19 year 1946 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from September 25 to January 19, 1946 that I last saw him alive on Jan 10, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis - 3 yrs Duration

Due to _____
Due to _____

Other conditions (Includes pregnancy within 3 months of death)

Major findings:

Of operations g. y. o.

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 5

23. Signature A. P. G. L. M. D. (M. D. or other) 5
Address Aurora Mo. Date signed 1-19-46

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

RECEIVED
District Health Officer No. 6;
District File Number 146-134
Date Filed FEB 25 1946

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 *Anna L. Marsh*.....

Licensed Embalmer No. *3812*.....

P. O. Address *Annapolis MD*.....

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.