

FILED APR 10 1946

Registration District No. _____ Primary Registration District No. **4034**

1. PLACE OF DEATH:

(a) County **Bates**
 (b) City or town **Hume**
 (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 **45 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **WALTER DANIEL ADAMS.**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married **Married**
 divorced **Married**
 6. (b) Name of husband or wife **MARTHA ADAMS.** 6. (c) Age of husband or wife if alive **72** years
 7. Birth date of deceased **November - 10 - 1876**
 (Month) (Day) (Year)

8. AGE: Years **69** Months **4** Days **14** If less than one day
 hr. _____ min. _____

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

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **John W. Adams**
 { 13. Birthplace **New Castle Indiana**
 (City, town, or county) (State or foreign country)
 { 14. Maiden name **Sarah Shepherd**
 { 15. Birthplace **Iowa**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Martha Adams.**
 (b) Address **Hume, Mo.**

17. (a) **Burial** (b) Date thereof **March 27 1946**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hume**

18. (a) Signature of funeral director **Rich Hill Missouri**
 (b) Address **Mar 26**

19. (a) **Mar 26** (b) **Bern H. Martin**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **24**
 year **1946** hour **7** minute **30** p.m.

21. I hereby certify that I attended the deceased from **Jan 1st** 1945 to **Feb 24** 1946
 that I last saw him alive on **Feb 24** 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death **Arterio Sclerosis**
 Due to **Arterio Sclerosis**

Due to **Arterio Sclerosis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **920**

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 **11**

23. Signature **Wm H. Green** (M. D. _____)
 Address **Hume** Date signed **3/26/46**

RECEIVED

District Health Officer No. 7,

District File Number 3-46-367

Date Filed 4-18-46

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

W. E. Beddome

Licensed Embalmer No. 2174

P. O. Address Butler, 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.