

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1946
Registration District No. 141

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12969

State File No. _____

Primary Registration District No. 3025

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Howell
(b) City or town West Plains,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
(Specify whether
In this community Lifetime
years, months or days)

3. (a) PRINT FULL NAME CAROLINE HIGHFILL ADAMS

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

4. Sex female / 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John Wesley Adams 6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 26, 1865
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 9 If less than one day
hr. min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Highfill
13. Birthplace Unknown 0
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 6
(City, town, or county) (State or foreign country)

16. (a) Informant Jim Adams
(b) Address West Plains, Mo.

17. (a) Burial (b) Date thereof Mar. 8, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
Howell Valley Cem. Howell Twp. Howell
(c) Place: burial or cremation County

18. (a) Signature of funeral director Hal Thomburg
(b) Address West Plains, Mo.

19. (a) 3-16-46 (b) Blodgett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell 46
(c) City or town West Plains,
(If outside city or town limits, write "RURAL")
(d) Street No. 305 South Walker
(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 5
year 1946 hour 8: minute 45 P. M.

21. I hereby certify that I attended the deceased from
Jan 1942 to March 5, 1946
that I last saw him alive on Feb 28, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Arteriosclerosis
Myocarditis
Due to General Arteriosclerosis

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 E. C. Bohrer (M. D. or other) M.D.
Address West Plains, Mo. Date signed 3-12-46

RECEIVED
District Health Officer No. 5,
District File Number 446281
Date Filed 4/16/46

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 Hal Thornburgh
Licensed Embalmer No. 3408
P. O. Address West Plains, 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.