

S. No. 2  
M-2-43  
5-17-39  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
**FILED** MAY 10 1946

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12991**

Registration District No. **144**

Primary Registration District No. **4234**

Registrar's No. **7**

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Ironton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)  
3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

(c) City or town Ironton  
(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.....

3. (a) PRINT FULL NAME Frank Munson Adams

3. (b) If veteran, name war no

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28  
year 1946 hour 4 minute 30 A.M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Myra Adams

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Nov. 20 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 19, 1946 to April 28, 1946  
that I last saw him alive on April 25, 1946  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>5</u>	<u>8</u>	hr. min.

Immediate cause of death Pulmonary Embolism

Due to Coronary Thrombosis

Duration 30 min.

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

10. Usual occupation farmer

11. Industry or business.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy 946

PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name John R. Adams

13. Birthplace Iron County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Delacey Ann Mason

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

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?.....

16. (a) Informant Frank Adams Jr.

(b) Address Ironton Missouri

17. (a) burial (b) Date thereof 4-30-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goodland Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address C. J. White Ironton Missouri

19. (a) 5-6-46 (b) Mrs. Avis Jones  
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place)  
(i) Means of injury 1

23. Signature Ben W. Bull (M. D. or other) M. D.  
Address Ironton, Mo. Date signed 5-3-46

11897  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Health Officer No. 4  
File Number 546-213  
Date Filed 5-9-46

AUG 26 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 Archie White  
Licensed Embalmer No. 3012  
P. O. Address London, Miss.

**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.**