

FILED MAY 22 1946

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

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

149
2
5

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 2706 Penn
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community most of lifetime
years, months or days

3. (a) PRINT FULL NAME Lewis Nile Adams

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

4. Sex M 5. Color or race N 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased October 5 1880
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Stone mason

12. Name J. C. Adams

13. Birthplace Jackson Mo
(City, town, or county) (State or foreign country)

14. Maiden name Ruthie Wilson

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

16. (a) Informant Lula Eads

(b) Address 2706 Penn

17. (a) Burial (b) Date thereof Apr 11 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborne Memorial

18. (a) Signature of funeral director Therese Hill Dillon

(b) Address Jasper Mo

19. (a) 4-10-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Jasper
(If outside city or town limits, write "RURAL")

(d) Street No. 2706 Penn Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th
year 1946 hour 3 minute 45 a M.

21. I hereby certify that I attended the deceased from Apr 8 1946, to Apr 9 1946
that I last saw him alive on Apr 8 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 10 hrs.

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

Major findings: Of operations [Signature]
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 0

23. Signature [Signature] (M. D. or other) _____
Address Jasper Mo Date signed 4/10/46

46-4-389

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..... *David Dillon*

Licensed Embalmer No..... *3898*

P. O. Address..... *Joplin, 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.