

19943 ✓

State File No. _____

FILED JUL 1 1946

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 501

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1929 Washington Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT
FULL NAME

HENRY MADISON ADAMS

3. (b) If veteran,

name war. No

3. (c) Social Security

No. None

4. Sex Male 2. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jannie Adams
6. (c) Age of husband or wife if alive UNK. years
7. Birth date of deceased December 14, 1868
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

✓ 79

5

23

hr. _____ min.

9. Birthplace

Greene Co.

(City, town, or county)

Mo.

(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

William Adams

13. Birthplace

Greene Co.

(City, town, or county)

Mo.

(State or foreign country)

14. Maiden name

Nancy Johnson

15. Birthplace

Greene Co.

(City, town, or county)

Mo.

(State or foreign country)

16. (a) Informant

Miss Alfa Adams

(b) Address

R.F.D. 1, Springfield, Mo.

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof

6-14-46

(Month) (Day) (Year)

(c) Place: burial or cremation

Mt. Comfort Cemetery

18. (a) Signature of funeral director

Herbert V. Smith

(b) Address

6024 N. Jefferson Ave., Spfld.

19. (a)

6-14-46

(Date received local registrar)

(b)

O. W. S. Handley

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene
(c) City or town Rural, R.F.D. 1 - N. Campbell Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. Springfield
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 11
year 46 hour 11 minute 40 a.m.
21. I hereby certify that I attended the deceased from November
1, 1944 to June 10, 1946
that I last saw him alive on June 10, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial
insufficiency

Duration

Due to

Arterio Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy 97

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? _____
(Specify type of place)
(e) Means of injury _____
23. Signature E. Callahan
Address Spfld. Mo. Date signed 6-14-46

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.....

Herbert V. Smith

Licensed Embalmer No.

4286

P. O. Address, ...

Springfield

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.

X