

DEPARTMENT OF COMMERCE, THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
**FILED JUN 20 1946 STANDARD CERTIFICATE OF DEATH**

21047

Registration District No. 264 Primary Registration District No. 5905 State File No. \_\_\_\_\_ Registrar's No. 28

**1. PLACE OF DEATH:**

(a) County Pemiscot  
(b) City or town Rural Hayward  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home, Rural Route  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50 Years  
years, months or days

3. (a) PRINT FULL NAME Jim W. Adams

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive X years  
7. Birth date of deceased January 29, 1873  
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 4 If less than one day  
hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Claud Adams

(b) Address R.R. 2 Portageville, Mo.

17. (a) Burial (b) Date thereof 5/11/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville, Cemetery

18. (a) Signature of funeral director A. L. Smith Funeral Home

(b) Address Caruthersville, Mo.

19. (a) May 9, 1946 (b) Mrs. M. A. Thomas  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Pemiscot  
(c) City or town Hayward Rural Route  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural Route 2  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 9  
year 1946 hour 3 minute PO A.M.

21. I hereby certify that I attended the deceased from Nov., 15th, 1945 to May, 5th, 1946  
that I last saw him alive on May, 5th, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death General depravity Duration \_\_\_\_\_

Due to Cirrhosis of liver - Interstitial nephritis - extreme malnutrition

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy No

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) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature A. L. Smith (M. D. or other) P

Address Portageville, Mo. Date signed 5/9th, 46

244 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

6-46-122

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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.....

*James A. Osburn*....., Registered Apprentice No. *386*  
working under my personal supervision.

Signed.....

*James A. Osburn*  
Licensed Embalmer No. *4185*

P. O. Address.....

*Caruthersville, 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.**