

**FILED** AUG 20 1946

Registration District No. **33**

Primary Registration District No. **3010**

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

1. PLACE OF DEATH:

(a) County **Cape Girardeau**  
(b) City or town **Cape Girardeau, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **South East Mo. Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 Day** (Specify whether  
In this community **10 day**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Mississippi**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **7 Miles South East Prairie**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

**GRADY ARNOLD ADAMS**

3. (b) If veteran, name war **✓**

3. (c) Social Security No. **✓**

4. Sex **Male** 5. Color or **White**  
6. (a) Single, widowed, married, divorced **✓**  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive **✓** years  
7. Birth date of deceased **July 15 1939**  
(Month) (Day) (Year)

8. AGE: Years **7** Months **18** Days **1** If less than one day min.

9. Birthplace **Limestone Ark.**  
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name **Jobe Adams**  
13. Birthplace **Limestone Ark.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Ella Brown**  
15. Birthplace **Ngil Ark.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Jobe Adams**  
(b) Address **East Prairie, Mo. Rt. 2**

17. (a) **Burial** (b) Date thereof **8-5-46**  
(Burial, cremation) or removal (Month) (Day) (Year)

(c) Place: burial or cremation **W.D.W. East Prairie**

18. (a) Signature of general director **W. W. Shelby**  
(b) Address **East Prairie Mo.**

19. (a) **8-15-1946** (b) **G. C. Summers**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **3**  
year **1946** hour **10.30** minute **P.** M.  
21. I hereby certify that I attended the deceased from **2 P.M.**  
**Aug 3, 1946** to **10.30 P.M. Aug 3, 1946**  
that I last saw him alive on **Aug 3, 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetic coma, with acidosis** Duration

Due to

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 **J. H. Skinn** (M. D. or other)  
Address **Cape Girardeau Mo** Date signed **8/19/46**

RECEIVED

District Health Officer No. 4  
District File Number 846-2513  
Date Filed 8-19-46

**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 David Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.**