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DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28106**

Registration District No. **298**

Primary Registration District No. **6024**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Callaway Co. Ky**

(b) City or town **Elmira Mo.**
(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 _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ray** **89**

(c) City or town **Elmira Rural**
(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 **Dannie Carl Adams**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **2** year **1946** hour **2:30** minute **A.M.**

4. Sex **Males** 5. Color or race **White**

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

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

7. Birth date of deceased: **August 2 1946**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Aug 2, 1946** to **Aug 2, 1946** that I last saw him alive on **Aug 2, 1946** and that death occurred on the date and hour stated above.

Immediate cause of death **Respiratory Failure**

8. AGE: Years Months Days If less than one day
1 hr. 20 min.

Due to **Premature - 7mo. infant**

Due to _____

9. Birthplace **RED Elmira Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

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

Major findings: Of operations **15**

Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name **Emmett Adams** 0

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

14. Maiden name **Fern Pohl** 0

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Emmett Adams**

(b) Address **Elmira Mo.**

17. (a) **Burial** (b) Date thereof **Aug 2 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmira Mo.**

18. (a) Signature of funeral director **J.W. Morrow**

(b) Address **Lawson Mo.**

19. (a) **Aug 2 1946** (b) **Mrs. Raymond Groce**
(Date received local registrar) (Registrar's signature)

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 **Walter E. Duescher** (M. D.)

Address **Lawson** Date signed **Aug 2, 1946**

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

364

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9-14-48

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.....

Licensed Embalmer No.....

P. O. Address.....

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.