

**FILED NOV 27 1946**

Registration District No. \_\_\_\_\_

Primary Registration District No. **3012**

**1. PLACE OF DEATH:**

(a) County **Audrain**  
(b) City or town **Mexico**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1120 S. Jefferson**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **20 years**  
In this community **20 years**  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Audrain**  
(c) City or town **Mexico**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **910 S. Jefferson**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Frank LaRue Adams**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **491-05-7197**

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

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

7. Birth date of deceased **Jan 13 1888**  
(Month) (Day) (Year)

8. AGE: Years **58** Months **9** Days **29**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **Painter**

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

12. Name **Wm. G. Adams**

13. Birthplace **DK** (State or foreign country)

14. Maiden name **Thelma La Rue** (State or foreign country)

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

16. (a) Informant **Mrs. Ben Langenbach**

(b) Address **Mexico, Mo.**

17. (a) **Burial** (b) Date thereof **Nov 16 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood**

18. (a) Signature of funeral director **Miss Arnold**

(b) Address **Mexico, Missouri.**

19. (a) **Nov 16 1946** (b) **Blanche Keely**  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **NOV** day **12**  
year **1946** hour **10** minute **A-** M.

21. I hereby certify that I attended the deceased from **Oct 25**  
**1946**, to **Nov 12 1946**  
that I last saw him alive on **11-12-46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**  
**Coronary sclerosis**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **94A**

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 **2**  
23. Signature **Wm. Langenbach**  
Address **Mexico, Mo.** Date signed **11-16-46**

OCT 18 1955

RECEIVED  
District Health Officer No. 10  
District File Number 11-46-21  
Date NOV 26 1945

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 Everett R. Mead  
Licensed Embalmer No. 4038  
P. O. Address Mexico, 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.