

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37759**

FILED DEC 4 1946

Registration District No. **211**Primary Registration District No. **5777**Registrar's No. **9-46**

1. PLACE OF DEATH

(a) County **Miller**
 (b) City or town **Jessamine (Rural)**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **Equality Township**
 (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 **CHARLES ELMER ADCOCK**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Pauline P. Adcock** (c) Age of husband or wife if alive **45** years
 7. Birth date of deceased **April 1 1873**
 (Month) (Day) (Year)

8. AGE: Years **73** Months **6** Days **28** If less than one day _____ hr. _____ min.

9. Birthplace **St. Pleasant Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **James H. Adcock**

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

14. Maiden name **Amanda M. Starling**

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

16. (a) Informant **Mrs. Pauline Adcock**

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

17. (a) **Burial** (b) Date thereof **10-31-1946**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Grundy Cemetery**

18. (a) Signature of funeral director **A. D. Phillips**

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

19. (a) **Oct. 30-1946** (b) **Mrs. Richard L. Wright**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Miller**
 (c) City or town **Jessamine (Rural)**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Equality Township**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **29**
 year **1946** hour **2** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **April 1940**
 _____, 1940, to **Oct 25**, 1946
 and that death occurred on the date and hour stated above.

that I last saw him alive on **Oct 25**, 1946

Immediate cause of death **Myocarditis** Duration **3 yrs.**

Due to **Coronary Sclerosis** **several years**

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations **937**

Of autopsy _____

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 **M. E. Humphrey** (M. D. or other) **D. O.**

Address **Jessamine, Mo.** Date signed **10-30-46**

(Licensed Embalmer's Statement on Reverse Side)

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

36576

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-3-46

NOV 25 1947

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.....

working under my personal supervision.

Signed.....

Louis D. Phillips, Registered Apprentice No.
Licensed Embalmer No. 3662

P. O. Address Leavenworth

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.