DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

W. H. Allen

State File No. 39563

FILED JAN 9 1947

Registration District No. 22

Primary Registration District No. 4034

Registrar's No.

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Hume, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates

(c) City or town Hume
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME EUGENE ADAMS.

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Feb. (Month) 6 (Day) 1866 (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	10	4	hr. min.

9. Birthplace Whitehall (City, town, or county) Illinois. (State or foreign country)

10. Usual occupation Farmer - Retired.

11. Industry or business

FATHER
12. Name Rollin T. Adams.
13. Birthplace Rutledge (City, town, or county) Vermont (State or foreign country)

MOTHER
14. Maiden name Elizabeth Dodson
15. Birthplace Unknown (City, town, or county) + G (State or foreign country)

16. (a) Informant Susie Miller

(b) Address Amoret, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-14-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Underwood

18. (a) Signature of funeral director Booth

(b) Address Rich Hill

19. (a) Dec 19, 1946 (Date received local registrar) (b) Fern H Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11
year 1946 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct 8 1946 to Dec 11 1946
that I last saw h. m. alive on Dec 11 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Insufficiency	1 Hr
Due to Arteriosclerosis	1 yr
Due to Hypertension	5 yrs
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? (Specify type of place)

While at work? 0 (e) Means of injury —

23. Signature Chas H. Albert (M. D. or ~~Coroner~~)

Address Hume Mo Date signed 12-3-46

19

(Licensed Embalmer's Statement on Reverse Side)

CA-9-1

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.....

Harold M Douglass, Registered Apprentice No. 410

working under my personal supervision.

Signed John D Underwood

Licensed Embalmer No. 3585

P. O. Address Butler, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.