

FILED JAN 13 1947

Registration District No. **340**

Primary Registration District No. **444 2**

Registrar's No. _____

1. PLACE OF DEATH: **Randolph**
(a) County _____
(b) City or town **Highlee**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **at home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **life time**
years, months or days

3. (a) PRINT FULL NAME **JOHN - BLACKFORD - ADAMS**

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 **Fratie Adams** 6. (c) Age of husband or wife if alive **69** years
7. Birth date of deceased **may - 6 - 1877**
(Month) (Day) (Year)

8. AGE: Years **69** Months **7** Days **28** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Farmer**

11. Industry or business **Farmer**

12. Name **W - W - Adams**

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

14. Maiden name **Gella Blackford**

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

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

(b) Address **Highlee**

17. (a) **Burial** (b) Date thereof **Dec 24, 46**
(Burial, cremation or removal) (Month) (Day) (Year)

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

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

(b) Address **Highlee**

19. (a) _____ (b) **J. W. Win**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **88**
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **22** year **1946** hour **1** minute **0** P. M.

21. I hereby certify that I attended the deceased from **Nov - 15** 19**46** to **Dec 22** 19**46**
that I last saw him alive on **Dec 22** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Stomach** Duration **6 mos**

Due to _____

Due to _____

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

Major findings: _____

Of operations **46 B**

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 **DD**

23. Signature **J. W. Win** (M. D. or other)

Address **Highlee** Date signed **12-22-46**

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 H. S. Robinson.
Licensed Embalmer No. 3001

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.

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

State File No.

Jan

Registration District No.

390

Primary Registration District No.

4442

Registrar's No.

1. PLACE OF DEATH:

- (a) County Randolph
(b) City or town Highway
(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
years, months or days)3. (a) PRINT
FULL NAMEJohn B. Adam

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

M

6. (b) Name of husband or wife

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

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

69

hr.

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or Business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

- (b) Address

17. (a)

(Burial, cremation, or removal)

- (b) Date thereof

(Month) (Day) (Year)

- (c) Place: burial or cremation

18. (a) Signature of funeral director

- (b) Address

19. (a)

(Date received local registrar)

- (b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State

MO

- (b) County

Randolph

- (c) City or town

Highway

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

- (d) Street No.

(If rural, give location)

- (e) Citizen of foreign country?

(Yes or No)

If yes, name country

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1

year

hour

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and that death occurred on the date and hour stated above.

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Due to

Other conditions

(Include pregnancy within 3 months of death)

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Of operations

Of autopsy

PHYSICIAN

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- (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

(M. D. or other)

Address

Date signed

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

41718

61