

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JAN 31 1947

Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4285

1675

State File No.

Registrar's No. 14

1. PLACE OF DEATH:

(a) County LEWIS  
(b) City or town LEWISTOWN  
(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 NAME John Denny Adams

3. (b) If veteran, name war. 3. (c) Social Security No. 486-14-1116

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife LUCINDA M. ADAMS 6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased April 5 1882  
(Month) (Day) (Year)

8. AGE: 64 Years 9 Months 15 Days If less than one day hr. min.

9. Birthplace EWING MO  
(City, town, or county) (State or foreign country)

10. Usual occupation LABOR

11. Industry or business

12. Name CHARLES C ADAMS

13. Birthplace EWING MO  
(City, town, or county) (State or foreign country)

14. Maiden name LUCINDA BROWN

15. Birthplace EWING MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John D. Adams

(b) Address Lewistown Mo

17. (a) Burial (b) Date thereof 1/23/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem. Lewis Co Mo

18. (a) Signature of funeral director James A. Coder

(b) Address Lewistown Mo

19. (a) 1/25/47 (b) D. W. Jennings  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LEWIS 56  
(c) City or town LEWISTOWN 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. (If rural, give location) 0  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20th  
year 47 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from 12th  
June 1946 to January 20 1947  
that I last saw him alive on 19th January 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 3 weeks

Due to chronic glomerulonephritis etiology unknown?

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

23. Signature David M. House (M. D. or other)

Address La Belle, Mo. Date signed 1/21/47

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 19 1947

RECEIVED  
District Health Officer No. 10  
Dist. File Number 147-205  
Date Filed JAN 30 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 Myself,  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed James A. Coder  
Licensed Embalmer No. 2532  
P. O. Address Lewiston Me.

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.