

FILED FEB 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4443

Registration District No. 106

Primary Registration District No. 5392

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Lake Springs.....Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Watkins Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 38 Years (Specify whether years, months or days)
In this community 38 Years

3. (a) PRINT FULL NAME Morris Brown Adams

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

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married Married
7. Birth date of deceased February 13, 1880
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 27 If less than one day hr. min.

9. Birthplace Near St. James Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name Hall Adams 13. Birthplace Mo., (City, town, or county) (State or foreign country)
14. Maiden name Mary Rittenberry 15. Birthplace Mo., (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Adams

(b) Address Lake Springs Mo.,

17. (a) Burial (b) Date thereof 2-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Springs Cemetery

18. (a) Signature of funeral director Null & Sons F. H.

(b) Address 508 West 8th St., Rolla Mo.

19. (a) 2-12-47 (b) M. M. Hart, M. D. by order
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent. 33
(c) City or town Lake Springs Rural 5
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10
year 1947 hour 11 minute 55 A.M.

21. I hereby certify that I attended the deceased from Jan 21, 1947 to Feb. 10, 1947
that I last saw him alive on Feb 10 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration

Due to Hypertension YEARS

Due to

Other conditions Recent head injury
(Include pregnancy within 3 months of death)

Major findings: Of operations ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
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

Signature J. A. Seiders (M. D. or other) M.D.

Address Rolla, Mo. Date signed 2-11-47

RECEIVED

District Health Officer No. 5

District

District File No. 24729

Date Filed 2-21-47

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

Paul E. V. Juel, Registered Apprentice No. 428,
working under my personal supervision.

Signed

S. E. V. Juel

Licensed Embalmer No. 3397

P. O. Address Ralla 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. March
Registrar's No. 11

Registration District No. 100

Primary Registration District No. 5392

1. PLACE OF DEATH:

(a) County Deer
(b) City or town Rural
(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

Mavis B. 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 m

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb 13
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

66

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)

(b)

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(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 Feb day 13
year 1947 hour 7 minute 10 M.

21. I hereby certify that I attended the deceased from 1947 to 1947
that I last saw him alive on Feb 13 and that death occurred on the date and hour stated above.
Immediate cause of death

Due to

Due to

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 sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Feb 9, 1947
(c) Where did injury occur? Home (Lake Springs, Mo)
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Home
While at work? No (Specify type of place)
(c) Means of injury Fall

23. Signature J. A. Sellers (M. D. or other) MD

Address Ramsey Bldg, Rolla Date signed 3-11-47

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

SUPPLEMENTARY

S-4443