

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4529
State File No. _____
Registrar's No. 14

Registration District No. _____ Primary Registration District No. 5444

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Rural Athens
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Gentry County 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 _____ years, months or days)

3. (a) PRINT FULL NAME Orville 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 Wid
6. (b) Name of husband or wife Melissa Smith 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May - unknown - 1858
(Month) (Day) (Year)

8. AGE: Years 88 Months - Days - If less than one day hr. _____ min. _____

9. Birthplace unk (City, town, or county) Ill (State or foreign country)

10. Usual occupation retired laborer

11. Industry or business _____

MOTHER FATHER { 12. Name G. W. Adams
13. Birthplace unknown (City, town, or county) Virg. (State or foreign country)
14. Maiden name Mary Beland
15. Birthplace unknown (City, town, or county) Ky (State or foreign country)

16. (a) Informant George Adams
(b) Address Washington Mo

17. (a) Burial (b) Date thereof 2/16/47
(burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Versailles Mo

18. (a) Signature of funeral director W. J. Adams

(b) Address Albany Mo

19. (a) Feb 21-47 (b) James M. Decker
(Date specified local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 1, mile south of Albany,
(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 14
year 1947 hour 1 minute A.M.

21. I hereby certify that I attended the deceased from Feb. 1, 1947, to Feb. 13, 1947.
that I last saw him alive on Feb. 13, 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rectum Duration hrs.

Due to _____

Due to _____

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

Major findings: Of operations 46 P

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 2

23. Signature C. I. Pray (M. D. or other)

Address Albany, Mo Date signed 2-15-47

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 me
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed

Leifford Brooks
Licensed Embalmer No. 3329

P.O. Address

Albany 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.