

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7786

FILED MAR 21 1947 13
Registration District No.

Primary Registration District No. 5055

Registrar's No.

1. PLACE OF DEATH:

(a) County. Barry
(b) City or town. Pierce City (rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 miles West of Polaskifield /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Laverne Loren Adams

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

4. Sex Male 0 5. Color or race White 0 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. January 10 1947 (Month) (Day) (Year)

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

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

10. Usual occupation. None

11. Industry or business. None

12. Name. Ralph W. Adams

13. Birthplace. LaHarp Kansas (City, town, or county) (State or foreign country)

14. Maiden name. Ethel Elbert

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

16. (a) Informant. Ralph W. Adams

(b) Address. Exeter, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 1-14-47 (Month) (Day) (Year)

(c) Place: burial or cremation. Muncy cemetery

18. (a) Signature of funeral director. Wm. Morris Payne

(b) Address. Wheaton, Mo.

19. (a) 4-25-47 (Date received local registrar) (b) W.M. West (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Barry
(c) City or town. Exeter (rural) (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 12 day Jan. year 1947 hour 7 minute 0 M.

21. I hereby certify that I attended the deceased from 10 Jan 1947 to Jan 15 1947 that I last saw him alive on Jan 15 and that death occurred on the date and hour stated above.

Immediate cause of death. Urnema

Due to. Non function of kidneys

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. O. S. McCall (M. D. or other) Address. Wheaton, Mo. Date signed 1-15-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

No Embalming

Licensed Embalmer No.....

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.

April

Registration District No. 13

Primary Registration District No. 5055

Registrar's No.

28

1. PLACE OF DEATH:

- (a) County Barry
(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 NAMELawrence L. 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 s

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 10 (Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name Ralph W. Adams

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

14. Maiden name Elbert (City, town or county) (State or foreign country)

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

16. (a) Informant Ralph W. Adams

- (b) Address Exeter, mo

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof 1-14-47 (Month) (Day) (Year)

- (c) Place: burial or cremation near Macon Pogue

18. (a) Signature of funeral director Wheeler, M.D.

- (b) Address _____

19. (a) 4-25-47 (b) W. M. West (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State mo (b) County Barry
(c) City or town Exeter (If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death uremia Duration _____

- Due to non function of kidneys
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 O. S. McCall (M. D. or other) _____

- Address Wheeler, Mo Date signed 1-13-47

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

S-7786