No. 2
12-45
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9634

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution dead on arrival (Specify whether years, months or days)
In this community one month

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin (If outside city or town limits, write "RURAL") 2
(d) Street No. 701 Byers Ave (If rural, give location) 5
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clyde Cecil Adair

3. (b) If veteran, name war World War #2
3. (c) Social Security No. 498-01-6975

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 20 (Day) 1918 (Year)

8. AGE: Years 28 Months 11 Days 6 If less than one day hr. min.

9. Birthplace Licking (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business Truck Driver
FATHER
12. Name James W. Adair
13. Birthplace Huston (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Louisa Jackson
15. Birthplace Huston (City, town, or county) Missouri (State or foreign country)
16. (a) Informant James W. Adair
(b) Address Rolla, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 1, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Rolla, Missouri
18. (a) Signature of funeral director Thornhill-Dillon
(b) Address Joplin, Missouri.
19. (a) 2-28-47 (Date received local registrar) (b) Ed D. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26 year 1947 hour 6 minute 25 p M.

21. I hereby certify that I attended the deceased from Did Not Attend, 19, to, 19;
that I last saw him alive on, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lethal Dose	
Due to of Strychnine	
Due to Sulfate -	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

163 E Coroners Investigation

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) Suicide
(b) Date of occurrence 2/26/47
(c) Where did injury occur? Joplin (City or town) Jasper (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place - (Specify type of place)
While at work? No (e) Means of injury 2 Tablets Strychnine Sulfate
23. Signature D. W. Dreifelt (Coroner)
Address 211 Joplin Date signed 3/29/47

138 (Licensed Embalmer's Statement on Reverse Side)

47-3-196

APR 23 1947

JUN 1 1948

MAY 26 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.