

FILED MAY 12 1947

STANDARD CERTIFICATE OF DEATH

12467

State File No.

Registration District No.

42

Primary Registration District No.

1000

Registrar's No.

627

1. PLACE OF DEATH:

(a) County Boonville
(b) City or town Boonville
(c) Name of hospital or institution State Hospital # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Week 2 days
(Specify whether years, months or days)
In this community Week 2 days

3. (a) PRINT FULL NAME

Lewis Clark Adams

3. (b) If veteran,

name war. No

3. (c) Social Security

No. Nil

4. Sex

Male

5. Color or

race White

6. (a) Single, widowed, married,

divorced Married

6. (b) Name of husband or wife

Stella Adams

6. (c) Age of husband or wife if

alive 55 years

7. Birth date of deceased

April 5 - 1894

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

63

1

2

hr.

min.

9. Birthplace

Arbela Mo

(City, town, or county)

(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

at home owner

12. Name

Frank Adams

13. Birthplace

Virginia

14. Maiden name

Ella Magruder

15. Birthplace

Virginia

16. (a) Informant

Mrs. Stella Adams

(b) Address

Arbela Mo

17. (a)

Burial

(b) Date thereof

5-7-47

(c) Place: burial or cremation

St. Joseph, Mo

18. (a) Signature of funeral director

Heaton-Burman

(b) Address

St. Joseph, Mo

19. (a)

4-9-47

(b)

E. Adams

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 7
year 1947 hour 5 minute 35 P. M.

21. I hereby certify that I attended the deceased from April 29 1947 to May 7 1947
that I last saw him alive on May 7 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Complications of right heart failure
due to the strain
Due to Arteriosclerosis
and asthma

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 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

23. Signature E. Adams (M. D. or other)
Address State Hospital # 2 Date signed 7-19-47

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~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Eugene Wood

Licensed Embalmer No. *3824*

P. O. Address *3195 10th St. Joseph, 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.