

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13013

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 169

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Shrout Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether)
In this community 7 days (Specify whether)
years, months or days)

3. (a) PRINT
FULL NAME

John H Adams

3. (b) If veteran

name war

3. (c) Social Security

No.

4. Sex

male

5. Color or
race white

6. (a) Single, widowed, married,
divorced married

6. (b) Name of husband or wife

Lizzie Adams

6. (c) Age of husband or wife if

alive 56 years

7. Birth date of deceased

March 27 1881
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

66

11

hr.

min.

9. Birthplace

Limestone

Ala

(City, town, or county)

(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

12. Name Joe Adams

13. Birthplace

Limestone Ala

1

(City, town, or county)

(State or foreign country)

14. Maiden name

Unknown

15. Birthplace

Unknown

9

(City, town, or county)

(State or foreign country)

16. (a) Informant

Mrs. Lizzie Adams

(b) Address

Halcomb R1 Mo.

17. (a) Burial

Burial

(b) Date thereof

April 13 1947
(Month) (Day) (Year)

(c) Place: burial or cremation

Oak Ridge Cemetery

18. (a) Signature of funeral director

Kennett Mo.

(b) Address

Kennett Mo.

19. (a) 4-10-1947

(Date received local registrar)

(b) Carl Hubbard
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin
(c) City or town Kennett Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. R1- Halcomb Mo.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th
year 1947 hour 1:15 minute P. M.

21. I hereby certify that I attended the deceased from
13-30-47 to 4-6-47
that I last saw him alive on 4-6-47
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of intestines
Nephritis

Due to Internal hemorrhage

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

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)

(c) Means of injury

23. Signature L. H. Resner (M.D. or other)

Address Kennett, Mo.

Date signed 4-10-47

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Office No. 2

447-5

7-14-47

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 *Walter A. Hawkins*

Licensed Embalmer No. *2002*

P. O. Address *Kennerly me*

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.