

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED MAY 12 1947

Registration District No. 254

Primary Registration District No. 5867

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Thayer (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 13 years (years, months or days)

3. (a) PRINT FULL NAME James Walter 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 Aggie Adams

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May 9 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>10</u>	<u>23</u>	hr. _____ min.

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

10. Usual occupation Carpenter

MOTHER FATHER

11. Industry or business _____

12. Name James Adams

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

14. Maiden name Chloe Hoover

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

16. (a) Informant Mrs. Aggie Adams

(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 2/5/47
(Burial, cremation; or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thayer Cem

18. (a) Signature of funeral director Jelani Carter

(b) Address Thayer, Mo.

19. (a) May 1, 1947 (b) Edith Cross
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon

(c) City or town Thayer (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2 year 1947 hour _____ minute A. M.

21. I hereby certify that I attended the deceased from Jan 25 1947 to Feb 2 1947
that I last saw him alive on Feb 1 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease

Duration _____

Due to _____

Due to _____

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

Major findings: 94A

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)

(c) Means of injury _____

23. Signature J. W. Cooper (M. D. or other) _____

Address Thayer, Mo. Date signed 2-25-47

Cooper

RECEIVED

District Health Officer No. 8,

District File Number 547265

Date Filed 5-10-47

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.....

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.