

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14427
Registrar's No. 23

Registration District No. 267

Primary Registration District No. 5902

1. PLACE OF DEATH:

(a) County Permeat
(b) City or town Hayti rural
(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 all of life (Specify whether

In this community all of life
years, months or days)

3. (a) PRINT
FULL NAME

Carl Chester Adams

3. (b) If veteran,
name war.

3. (c) Social Security
No. 495-16-4733

4. Sex M
5. Color or
race White

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

6. (b) Name of husband or wife.

6. (c) Age of husband or wife if

7. Birth date of deceased Sept 6 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 4 17 hr. min.

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

10. Usual occupation Farm Laborer

11. Industry or business.

12. Name Ben Adams

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

14. Maiden name Emmie Bingham

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

16. (a) Informant Shelley Adams

(b) Address Hayti MO Rt 1

17. (a) Burial (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Int Zion

18. (a) Signature of funeral director Ed Berman

(b) Address St. Luke Mo

19. (a) 5-9-47 (b) L. Kelling
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Permeat 78
(c) City or town Hayti MO 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 Jan day 23
year 1947 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 1
1946 to Jan 23 1947
that I last saw him alive on Jan 22 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure (sudden) Duration

Due to myocardial insufficiency

Due to chronic myocardial

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 sta-
tistically.

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 Art Shivey (M. D. or other)

Address Hayti, Mo. Date signed 1-24-47

(Licensed Embalmer's Statement on Reverse Side)

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

5-12-162

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.....

John St German

Licensed Embalmer No.....

4355

P. O. Address.....

Hyattsville, Md 20781

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.