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16422

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 29 1947

Registration District No. 15

Primary Registration District No. 5072

Registrar's No. 20

1. PLACE OF DEATH:
 (a) County Barton
 (b) City or town Lamar Rural Newport Twp.
(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 2 yrs.
(Specify whether years, months or days)
 In this community 2 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Barton
 (c) City or town Lamar Rural Newport Twp.
(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

3. (a) PRINT FULL NAME DEROY ADAMS
 3. (b) If veteran, name war

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 28 th
 year 1947 hour 9 minute 30 P. M.

4. Sex MALE 5. Color or race White
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife unknown
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased April 2 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from September 1946 to September 1946
 that I last saw him alive on Sept 9 1946
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>0</u>	<u>26</u>	hr. min.

Immediate cause of death Arteriosclerosis
 Due to

Duration Several years

9. Birthplace Elroy Wisconsin
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer retired

Other conditions None
(Include pregnancy within 3 months of death)
 Major findings: None
 Of operations

PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business

12. Name	<u>unknown</u>
13. Birthplace	<u>unknown</u>
14. Maiden name	<u>unknown</u>
15. Birthplace	<u>unknown</u>

Of autopsy

16. (a) Informant Jess Lowe
 (b) Address Lamar, Mo.
 17. (a) burial (b) Date thereof May 1, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Moorehead Cem. Barton Co.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)

18. (a) Signature of funeral director Phillips Funeral Home
 (b) Address Golden City, Mo.
 19. (a) APR 30 1947 (b) Marie Korantz
(Date received local registrar) (Registrar's signature)

While at work 0 (Specify type of place) Means of injury 0
 23. Signature Andrew Kurpp (M. D. or other) 0
 Address Golden City, Mo. Date signed 4/29/47

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

RECEIVED
District Health Officer No. 6,
District File Number 547-533
Date Filed MAY 22 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..... *J. H. Hugh*
Licensed Embalmer No. *3278*
P. O. Address *Golden City, 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.