

FILED JUL 15 1947

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home - 223 Petty St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 yrs (Specify whether years, months or days)
In this community 20 yrs

3. (a) PRINT FULL NAME

Samuel Adams

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 5. Color or race Colored

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

6. (b) Name of husband or wife Alice Adams

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased March 23 (Month) (Day) (Year)

1865 (Year)

8. AGE: Years 82 Months 3 Days 12 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Laborer

12. Name Jake Canady

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

14. Maiden name Alice Adams

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

16. (a) Informant Alice Adams

(b) Address 223 Petty Street Sikeston

17. (a) Sikeston (b) Date thereof 7-9-47 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Cemetery

18. (a) Signature of funeral director Fred Smith

(b) Address 1212 Main St Sikeston

19. (a) 7-9-47 (b) Mrs J. F. Henry (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Scott
(c) City or town Sikeston (If outside city or town limits, write "RURAL")
(d) Street No. 223 Petty St (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 5 year 1947 hour 11:30 M.

21. I hereby certify that I attended the deceased from 12-6-47 to 7-1-47 that I last saw him alive on 7-1-47 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease Duration 6 months
Arteriosclerosis 12 months

Due to Arteriosclerosis

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 938

Major findings: Of operations 938 Of autopsy 938

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) While at work?
(b) Date of occurrence 7-9-47
(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?

(Specify type of place) (e) Means of injury While at work?

23. Signature W. A. Lingul (M. D. or other)

Address 204 S. Everett St Sikeston, Mo. 7-9-47

RECEIVED

District Health Office No. 2,

District File Number 747-971

Date Filed 7-11-47

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

Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address 1212 Main St. Sikeston

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.