

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 1 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

24716

Registration District No.

178

Primary Registration District No.

5660

Registrar's No.

68

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Rural, Dickerson, Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Lewis County Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Years
(Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME George Lee 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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 7th, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 8 4 _____ hr. _____ min.

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

10. Usual occupation retired

11. Industry or business _____

12. Name Rhodmal Adams
13. Birthplace Lincoln County Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Anna E. Primrose
15. Birthplace Maryland
(City, town, or county) (State or foreign country)

16. (a) Informant Rhonda S. Adams
(b) Address Canton, Missouri

17. (a) Burial (b) Date thereof 7/13/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation La Grange, Missouri

18. (a) Signature of funeral director M. Roberts
(b) Address La Grange, Missouri

19. (a) 7/22/47 (b) C. W. Jennings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town Rural, Dickerson, Township
(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 July day 11
year 1947 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan. 1 1947 to July 11 1947
that I last saw him alive on July 11 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 1 hr.

Due to High blood pressure and senility.

Due to _____

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 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) (a) Means of injury 2

23. Signature Harry J. M. Bracken (M. D. or other) D. O.
Address La Belle, Missouri Date signed 7/14/47

RECEIVED
District Health Officer No. 10
District File Number 7-42-909
JUL 30 1947
Date Filed

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.....

.....**Paul A. Vaughn**....., Registered Apprentice No. **454**
working under my personal supervision.

Signed.....

M. Roberts

Licensed Embalmer No. **1626**

P. O. Address **La Grange, Missouri.**

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.