DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 1 1947

Registration District No. 226

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26438

State File No.

Primary Registration District No. 4483

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Scotland

(b) City or town Rutledge, Mo.
(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 Cometo Knox, Co. 2 yrs old
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotland 99

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

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME John Hopkins Adams

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. O

5. Color or race W

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

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

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased 2 (Month) 9 (Day) 1863 (Year)

8. AGE: Years 84 Months 4 Days 18 If less than one day hr. min.

9. Birthplace Jennings Co. (City, town, or county) Ind. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name George W. Adams
13. Birthplace uk. Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Hopkins
15. Birthplace uk. Ind. (City, town, or county) (State or foreign country)

16. (a) Informant Robert Adams
(b) Address Rutledge Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Rutledge Mo.

18. (a) Signature of funeral director Mrs J. W. Hudson
(b) Address Edina Mo.

19. (a) July 18-47 (Date received local registrar) (b) Mrs. E. E. Parrish (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1947 hour One minute P. M.

21. I hereby certify that I attended the deceased from May 25, 1947, to June 28, 1947; that I last saw him alive on June 23, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis perhaps for several months

Due to —

Due to —

Other conditions Exorage Arthritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature F. E. Lieman M.D. (M. D. ~~or other~~)

Address Edina Mo Date signed Jue 30/47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 1
District File Number 7-47-902
Date Filed JUL 30 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 Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.