

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27312

FILED SEP 15 1947

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 789

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution: St. Johns
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 5 Hrs.
In this community Most of lifetime (Specify whether years, months or days)

3. (a) PRINT FULL NAME Elston Orel Adams

3. (b) If veteran, name war No 3. (c) Social Security No. ?

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Glenis Lee Adams 6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased March 21 1917
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 5 16 hr. min.

9. Birthplace Near Conway, Leclde Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Cab Driver

11. Industry or business Black & White Cab Co.

12. Name Earl Francis Adams

13. Birthplace Le Clede County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mattie Long

15. Birthplace Webster County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Glenis Lee Adams

(b) Address 1834 West Scott, Springfield, Mo.

17. (a) Burial (b) Date thereof 9-9-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director W. L. Dunn

(b) Address Springfield, Mo.

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1834 West Scott
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7,
year 1947 hour 7 minute XX A.M.

21. I hereby certify that I attended the deceased from 2:00 A.M. Sept. 7, 1947 to 7 A.M. Sept 7, 1947
that I last saw him alive on Sept 7, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Severe shock Duration 6 hrs
Due to Bullet wound of abdomen 6 hrs.

Due to No
Other conditions: No
(Include pregnancy within 3 months of death)

Major findings: Perforated colon, pancreas, duodenum & kidney
Of operations No
Of autopsy No

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

(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence Sept 7, 1947
(c) Where did injury occur? Springfield, Boone Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, or farm, in industrial place, or public place?
1215 N. Park - Residence
(Specify type of place)

While at work? No (c) Means of injury gunshot

23. Signature Robert D. Duncan (M. D. or other) MD.
Address Springfield, Mo Date signed 9-7-47

MAR 4 1959

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.....

H. J. McCann

Licensed Embalmer No. *2227*

P. O. Address.....

Springfield, 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.