

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **28073**

Registration District No. **2001**

Primary Registration District No. **2001**

Registrar's No. **2001**

1. PLACE OF DEATH:

(a) County **Jasper**  
(b) City or town **Joplin**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. John Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 hour**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Benny Pearl Adamson**

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 **D.**  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **August 12, 1900**  
(Month) (Day) (Year)

8. AGE: Years **46** Months **10** Days **22** If less than one day hr. min.

9. Birthplace **Hartsville, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **not employed--released from McAlister Prison 30 days**

11. Industry or business.....

12. Name **Ira Adamson**

13. Birthplace **Wright County, Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Louetta Davis**

15. Birthplace **Wright County, Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ira Adams on**

(b) Address **104 McCoy, Joplin, Mo.**

17. (a) **Burial** (b) Date thereof **7- -47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairview Parker-Hunsaker**

18. (a) Signature of funeral director **Joplin, Missouri**

(b) Address **1-8-77**

19. (a) **1-8-77** (b) **Calores Sampson**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **U. S. A.** (b) County.....  
(c) City or town.....  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **4**  
year **1947** hour **9:30** minute **P** M.

21. I hereby certify that I attended the deceased from.....  
that I last saw him..... alive on....., 19.....  
and that death occurred on the date and hour stated above. Duration.....

Immediate cause of death.....

Due to **Shot with shot gun by palemmant -**

Due to **B. and Kuffit**

Major findings: **Shot in back and**  
of operations.....  
Of autopsies.....

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

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence **July 4 - 1947**

(c) Where did injury occur? **Joplin, Jasper Mo**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Public**  
(Specify type of place)

While at work **Yes** (e) Means of injury **Shot off**

23. Signature **L. W. Dyerfelt** (M. D. or other) **2-1-77**

Address **Joplin** Date signed **7/7/47**

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

MOTHER FATHER

47-8-637

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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 \_\_\_\_\_

*F. M. Jones*

Licensed Embalmer No. 2319

P. O. Address Joplin 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.