

FILED SEP 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30304

State File No.

Registration District No. 21

Primary Registration District No. 4032

Registrar's No.

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Amsterdam
(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 2 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME William T. Adams

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Viola Archer Adams 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Feb. 27, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 6 18 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Nelson Adams
13. Birthplace Unk. 9
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Burr
15. Birthplace Unk. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Viola Archer Adams
(b) Address Amsterdam Mo.

17. (a) Burial (b) Date thereof 9-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Myrtle Tree Cem. Maryville Mo.

18. (a) Signature of funeral director Archer & Mangold
(b) Address Amsterdam, Mo.

19. (a) 9-16-47 (b) L. Mangold
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7
(c) City or town Amsterdam
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15
year 1947 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from April 5, 1947, to Sept 15, 1947,
that I last saw him alive on July 18, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Dilatation Duration 1 hr.
Due to Mitral valve lesion - several years
Due to

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

Major findings:
Of operations 92 P
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?

(Specify type of place)
While at work? (e) Means of injury 0
23. Signature Basil Hartwell (M. D. or other)
Address Reynolds, Mo Date signed 9/15/47

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

MOTHER FATHER

SEP 19 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.....

Licensed Embalmer No. 3610

P. O. Address. Amsterdam 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.