

Registration District No. 251 Primary Registration District No. 4372

1. PLACE OF DEATH:

(a) County NODAWAY

(b) City or town BURLINGTON JUNCTION  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: HOME  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 50 YEARS  
(years, months or days)

3. (a) PRINT FULL NAME JAMES THOMAS ADAMS

3. (b) If veteran, name war No

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife SUSAN HAGEY

6. (c) Age of husband or wife if alive: 83 years

7. Birth date of deceased: DECEMBER 9 1866  
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 23 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace NODAWAY COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business FARMING

12. Name JOHN ADAMS

13. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

14. Maiden name SALLIE HUDSON

15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS SUSAN ADAMS

(b) Address BURLINGTON JCT MO

17. (a) BORIAL (b) Date thereof 11-19-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OHIO CEMETERY

18. (a) Signature of funeral director [Signature]

(b) Address BURLINGTON JCT. MO

19. (a) 11-22-47 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NODAWAY

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

(d) Street No. None  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17  
year 1947 hour 10:00 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Jan 1 1947 to Nov 17 1947  
that I last saw him alive on Nov 12 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 936

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) Means of injury \_\_\_\_\_

23. Signature [Signature] M. D. \_\_\_\_\_  
Address [Address] Date signed 11/17/47

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

MOTHER FATHER

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

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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.....

Licensed Embalmer No. 2968

P. O. Address. Burlington, 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.