

FILED NOV 28 1947

Registration District No. 275

Primary Registration District No. 5943

Registrar's No. 79

1. PLACE OF DEATH:

(a) County: Phelps
(b) City or town: Rural Spring Creek
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____
(Specify whether
In this community: 15 yrs
years, months or days)

3. (a) PRINT FULL NAME: Amos Andrew Adams

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

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mary Adams
6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: May 9 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 23
If less than one day: hr. min.

9. Birthplace: Franklin Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation: Farming

11. Industry or business:

12. Name: Isaac Adams

13. Birthplace: Franklin Co. MO
(City, town, or county) (State or foreign country)

14. Maiden name: Nancy Webster

15. Birthplace: Franklin Co. MO
(City, town, or county) (State or foreign country)

16. (a) Informant: Mary Adams

(b) Address: Edgar Springs MO

17. (a) (b) Date thereof: 11-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Edgar Springs Cem

18. (a) Signature of funeral director: Smith Ferguson
(b) Address: Licking MO

19. (a) 11-17-47 (b) Madame L. Steer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: Phelps
(c) City or town: Rural
(d) Street No.: 5th S of Edgar Springs MO
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 2
year 1947 hour 5 minute 150 M.

21. I hereby certify that I attended the deceased from Oct. 19 1947 to Nov. 2 1947
that I last saw h. alive on _____ 19____
and that death occurred on the date and hour stated above

Immediate cause of death: Indefinite
G.C. bladder
Jaundice
Duration

Due to: _____
Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
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)
(e) Means of injury: _____

23. Signature: _____ (M. D. or other)
Address: _____ Date signed: 11/3/47

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

MOTHER FATHER

DEC 5 1941

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.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Ernest E. Ferguson*

Licensed Embalmer No. *3945*

P. O. Address *Licking Ms*

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.