

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED JAN 5 1948

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

42545

State File No.

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Deming
 (b) City or town Caruthersville
 (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. 30 years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Henry Adams

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Clara E. Adams 6. (c) Age of husband or wife if alive 53 years
 7. Birth date of deceased April 9 1883 (Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 11 If less than one day hr. min.

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

10. Usual occupation unknown

11. Industry or business

12. Name John Daniel Adams

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

14. Maiden name Martha Dean

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

16. (a) Informant Mrs. Henry Adams

(b) Address 1407 Walker Ave. St.

17. (a) Burial (b) Date thereof 12-22-1947 (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director La Forge and Co.

(b) Address Caruthersville Mo.

19. (a) 12-30-47 (b) Leslie B. Wilks (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Deming
 (c) City or town Caruthersville
 (If outside city or town limits, write "RURAL")

(d) Street No. 1407 Walker Ave (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20 year 1947 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 1 1947 to Dec 20 1947, that I last saw him alive on Dec 20 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Brain aneurysm Duration about 4 mo.
Cholesterol

Due to...

Due to...

Other conditions Hyperlipemia + Congestive Heart Disease (Include pregnancy within 3 months of death)

Major findings of operations none

Of autopsy none

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

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

(b) Date of occurrence

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? (c) Means of injury

23. Signature CC Coates (M. D. or other) M.D.

Address Caruthersville Mo. Date signed 12/22/47

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

MOTHER FATHER

1-48-1

JAN 7 1948

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.....

Boyd B. Willis....., Registered Apprentice No. *19*
working under my personal supervision.

Signed.....

Licensed Embalmer No. *397*

P. O. Address *Camden, N.J.*

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.