

FILED DEC 30 1947

Registration District No. 227

Primary Registration District No. 4497

1. PLACE OF DEATH:

(a) County Shelby  
(b) City or town Clarence, Missouri  
(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: \_\_\_\_\_ (Specify whether)  
In this community: 9 years years, months or days

3. (a) PRINT FULL NAME HIRAM JOHN 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: Marion Laura Adams 6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: March 19 1864 (Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 2 If less than one day .hr. \_\_\_\_\_ min.

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

10. Usual occupation: farmer

11. Industry or business: \_\_\_\_\_

12. Name: William Adams

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

14. Maiden name: Unknown

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

16. (a) Informant: Mrs. Hiram Adams

(b) Address: Clarence, Missouri

17. (a) Burial (b) Date thereof: Nov. 16 1947 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Maplewood

18. (a) Signature of funeral director: Hopper Funeral Service

(b) Address: Clarence, Missouri

19. (a) Dec 24-47 (b) Ruth Jones (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 12 1947 year 11 hour 5 minute P M.

21. I hereby certify that I attended the deceased from May 10 to Nov 12, 1947  
(that I last saw him alive on Nov 12 and that death occurred on the date and hour stated above.)

Immediate cause of death: Hypertrophy of Prostate gland Duration: 18 mos.

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

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

Other conditions: Chronic myeloid 2 yrs  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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: M.D.

23. Signature: D. L. Carlan (M. D. or other) Dec 24-47

Address: Clarence, Missouri

1961 08 24

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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.....

*James E. Hopper*

Licensed Embalmer No.....

4261

P. O. Address.....

*Clarence, 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.**