

FILED JAN 21 1948

Registration District No. **274**

Primary Registration District No. **4408**

Registrar's No. **7**

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

1. PLACE OF DEATH:

(a) County **Pettis County**
(b) City or town **Smithton mo**
(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 **no** (Specify whether
In this community **14 years** (years, months or days)

3. (a) PRINT FULL NAME **Charles 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 **single**

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

7. Birth date of deceased **6-11-1872**
(Month) (Day) (Year)

8. AGE: Years **75** Months **6** Days **3** If less than one day _____ hr. _____ min.

9. Birthplace: **State of Illinois** (City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business _____

12. Name **Joseph Adams**

13. Birthplace **State of Kentucky** (City, town, or county) (State or foreign country)

14. Maiden name **Do not know**

15. Birthplace **Do not know** (City, town, or county) (State or foreign country)

16. (a) Informant **William Hawkins**

(b) Address **Smithton mo**

17. (a) **Burial** (b) Date thereof **1-6-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Smithton mo**

18. (a) Signature of funeral director **B. F. Neuniger**

(b) Address **Smithton mo**

19. (a) **1-6-48** (b) **Betty Yeager**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis** **80**
(c) City or town **Smithton mo**
(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: Month **Jan.** day **4**
year **1948** hour **9:40** minute **P** M.

21. I hereby certify that I attended the deceased from **July**, 19**47**, to **Jan**, 19**48**;
that I last saw him alive on **4 Jan.**, 19**48**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Congestive Heart Failure** Duration **6 mos**

Due to **Coronary Insufficiency**

Due to **Atherosclerosis**

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 **W. S. Seegal M.D.** (M. D. or other)

Address **Smithton, mo** Date signed **1-5-48**

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-20-48

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 A. F. Neumeier

Licensed Embalmer No. 3912

P. O. Address Smithton, 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.