

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
Missouri County Health Office  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 2-4-48 Primary Registration District No. 5946

Registrar's No. 6

1. PLACE OF DEATH: AT HOME  
 (If not in hospital or institution, write street number or location)  
 (a) County PHELPS  
 (b) City or town RURAL - SOUTH MERAMEC  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 29 YEARS  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County PHELPS  
 (c) City or town RURAL  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. SOUTH MERAMEC TOWNSHIP  
 (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JERRY ALLAN ADAMS  
 3. (b) If veteran, name war NO 3. (c) Social Security No. NO

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan day 25  
 year 1948 hour 12 minute 45 A.M.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife NORA ANGELINE 6. (c) Age of husband or wife if alive 51 years  
 7. Birth date of deceased SEPTEMBER 23 1895  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1947 to Jan 25 1948  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Coronary Occlusion (day)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>5</u>	<u>2</u>	br. _____ min.

Due to Chronic Myocarditis  
 Due to \_\_\_\_\_

9. Birthplace PHELPS COUNTY MISSOURI  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation FARMER

Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

11. Industry or business AGRICULTURE  
 12. Name HENRY WILSON ADAMS  
 13. Birthplace PHELPS COUNTY MISSOURI  
 (City, town, or county) (State or foreign country)  
 14. Maiden name ROZANNA PRESLEY  
 15. Birthplace PHELPS COUNTY MISSOURI  
 (City, town, or county) (State or foreign country)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
ART

16. (a) Informant Nora Adams  
 (b) Address Phelps Co., Missouri  
 17. (a) RURAL (b) Date thereof JAN 25 48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation ADAMS CEMETERY  
 18. (a) Signature of funeral director Helen S. Chantman  
 (b) Address Salem, Mo.  
 19. (a) 1-30-48 (b) Cora E. Birmingham  
 (Date received local registrar) (Registrar's signature)

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) (2) Means of injury 11  
 23. Signature Jerry Adams (M. D. or other)  
 Address St James, Mo. Date signed 1/27/48

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

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.....

*Edward F. Brasel*....., Registered Apprentice No. *435*  
working under my personal supervision.

Signed *Max L. Wanfel*.....

Licensed Embalmer No. *4170*.....

P. O. Address *Alex, 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.