

No. 2
-8-43
17-39
X37823

FILED FEB 20 1948

State File No. _____

Registration District No. 112

Primary Registration District No. 5428

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Rural Boone
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin 36

(c) City or town Rural Boone
(If outside city or town limits, write "RURAL")

(d) Street No. General Hwy. R.F.D. 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME George M. Adams

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Genevra A Adams

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased May 14 1865
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 8 If less than one day _____
hr. _____ min. _____

9. Birthplace Beaufort Mo. 6
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry of business _____

12. Name Joseph M Adams

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

14. Maiden name Sarah Shelton

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

16. (a) Informant Genevra A Adams

(b) Address General Hwy Route 2

17. (a) Burial (b) Date thereof Jan 24 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

Place: burial or cremation Butler Cem. Beaufort Mo

18. (a) Signature of funeral director G H Fennell

(b) Address Beaufort Mo

19. (a) 1-23-48 (b) J H Matthews
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22 year 1948 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from Jan 7 1948 to Jan 22 1948
that I last saw him alive on Jan 19 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 3 days

Due to Arteriosclerosis

Due to _____

Other conditions 83A
(Include pregnancy within 3 months of death)

Major findings: Of operations No operation PHYSICIAN _____

Of autopsy: No Autopsy 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) (c) Means of injury _____

23. Signature J H Matthews M.D. (M. D. or other) _____

Address Beaufort Mo Date signed 1-24-48

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

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 5/19/48

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

E. H. Semme

Registered Apprentice No.

working under my personal supervision.

Signed *E. H. Semme*

Licensed Embalmer No. 3076

P.O. Address *Beaufort, N.C.*

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.