

Registration District No. 37

Primary Registration District No. 4096

19
8

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

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Freeman 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 _____ (Specify whether)

In this community 50 years (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Cass

(c) City or town Freeman 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 _____

3. (a) PRINT FULL NAME DAVID FRANKLIN ADAMS

3. (b) If veteran, name war none

3. (c) Social Security No. none

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 March 21 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>11</u>	<u>29</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name W. R. Adams

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

14. Maiden name Sarah Wares

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

16. (a) Informant Mrs H. C. Bentley

(b) Address Freeman Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-48
(Month) (Day) (Year)

(c) Place: burial or cremation Freeman Mo.

18. (a) Signature of funeral director W. W. Myers

(b) Address Cleveland Mo.

19. (a) 3-21-48 (Date received local registrar)

(b) S. A. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerotic Heart Disease

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy 93P

Underline the cause of 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? _____ (Specify type of place)

While at work _____ (e) Means of injury _____

23. Signature O. D. Barger (M. D. or other) MD

Address Harrisville Mo. Date signed 3-25-48

Coroner Cor Co

JUN 12 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 _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Geo. E. Rogers

Licensed Embalmer No. 2517

P. O. Address Cleveland Ohio

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.