

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

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Excelsior Springs Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community 30 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 87

(c) City or town Richmond 1
(If outside city or town limits, write "RURAL")

(d) Street No. W. Main St. 1
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Russell A. Adams

3. (b) If veteran, name was Unknown

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1948 hour 7:30 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Feb 15 - March 14, 1948.
that I last saw him alive on March 14, 1948
and that death occurred on the date and hour stated above.

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Violet Cox

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

7. Birth date of deceased March 11, 1902
(Month) (Day) (Year)

Immediate cause of death Chronic Malaria

Due to Peritonitis

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>0</u>	<u>3</u>	_____ hr. _____ min.

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

Major findings: _____

Of operations _____

Of autopsy _____

9. Birthplace Stoutsville, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Army engineering

12. Name R.W. Adams 0

13. Birthplace Stoutsville Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Mattie Long

15. Birthplace Stoutsville Mo 0
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Mrs. Violet Adams

(b) Address Richmond, Missouri

17. (a) Burial (b) Date thereof 3/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stonyvale Cem Richmond, Missouri

18. (a) Signature of funeral director Quest-Lile F.H.

(b) Address Richmond, Missouri

19. (a) 3/14/48 (b) Caroline Hutchings
(Date received local registrar) (Registrar's signature) (c) _____

23. Signature [Signature] (M. D. or other) 0

Address Richmond Mo. Date signed 3-15-48

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-26-48.....

JAN 26 1949

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.....

Licensed Embalmer No. 4066.....

P. O. Address Richmond, Va.....

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.