

S. No. 2
M-8-43
5-17-39
1 X37023

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8289

FILED APR 7 1948

State File No. _____

Registration District No. 96

Primary Registration District No. 5356

Registrar's No. 18

1. PLACE OF DEATH:
(a) County Dallas "Rural"
(b) City or town LONGLANE RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 2 YRS years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County DALLAS 30
(c) City or town LONGLANE RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jesse Adair
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAR day 12
year 1948 hour 7 minute 30 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARY 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased _____ (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 27, 1948, 19____ to March 12, 1948, 19____; that I last saw him alive on March 12, 1948, 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>			hr. _____ min. _____

Immediate cause of death: Coronary Sclerosis
Coronary Thrombosis 12 hrs.

9. Birthplace Kan. City (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 94A
Of operations _____
Of autopsy _____

11. Industry or business FARMER
12. Name ALEXANDER ADAIR
13. Birthplace INDIANAPOLIS IND. 1 (City, town, or county) (State or foreign country)
14. Maiden name Jennie Smith
15. Birthplace Mo. 0 (City, town, or county) (State or foreign country)

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

16. (a) Informant MRS. MARY ADAIR
(b) Address LONGLANE MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof MAR 14 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Prospect Cemetery

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? _____

18. (a) Signature of funeral director W. Jones
(b) Address Buffalo, Missouri
19. (a) 4/13/48 (Date received local registrar) (b) J. B. Jones (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 2
23. Signature J. W. Bennett, D.O. (Physician or other) D.O.
Address Buffalo, Mo. Date signed 3-27-48

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

RECEIVED

District Health Officer No. 7,

District File Number 3-48-351

Date Filed 4-6-48

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 Morris B. Jones

Licensed Embalmer No. 4322

P. O. Address Buffalo, 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.