

No. 2
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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED MAR 18 1948

Registration District No. 267

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4396

9626

State File No.

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Remick
(b) City or town Rural Little River
(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 2 years
years, months or days

3. (a) PRINT
FULL NAMEJ. L. Odell Adams

3. (b) If veteran,

name war

3. (c) Social Security No.

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Louise Adams
6. (c) Age of husband or wife if alive 18 years
7. Birth date of deceased Jan-16-1929
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 1 27 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Libby Adams

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

14. Maiden name Marion Vance

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

16. (a) Informant Libby Adams

(b) Address Wardell, Mo.

17. (a) Rural (b) Date thereof 3-19-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boonville Mo.

18. (a) Signature of funeral director La Forge Ind. Co.

(b) Address Cassville Mo.

19. (a) 3-12-1948 (b) Mrs. N. Gullett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Remick
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 1/2 mi. North West Wardell, Mo.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from

that I last saw him alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death gun shot wound
in front coming old center
back

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? Means of injury

Signature Just Kelly coroner (M.D. or other)

Address Wayne Mo. Date signed 3-12-48

Additional SUPPLEMENTARY INFORMATION REQUESTED

Underline the cause of which death should be charged statistically.

PHYSICIAN

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

3-48-89

JUL 22 1948
8461 22 700

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 Boytt B. Willis, Registered Apprentice No. 19, working under my personal supervision.

Signed

Noel C. Sean

Licensed Embalmer No.

3941

P. O. Address

Cumterville

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. april
Registrar's No. 3

Registration District No. 268

Primary Registration District No. 4396

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Rural
(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)

3. (a) PRINT
FULL NAME

Odell Adams

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex m

5. Color of w
race

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

6. (b) Name of husband or wife

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

7. Birth date of deceased

Jan 16
(Month) (Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

19

1

3

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (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

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month May
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.
Immediate cause of death

Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) unknown
(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

23. Signature (M. D. or other)

Address Date signed

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

SUPPLEMENTARY

S-9626