

Registration District No. 349

Primary Registration District No. 6177

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Rural--Buchanan Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home---Buchanan Twp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Alexander Adams

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife NO 6. (c) Age of husband or wife if alive No years

7. Birth date of deceased September 26 1872
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 15 If less than one day hr. min.

9. Birthplace Scotland Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Invalid

11. Industry or business None

12. Name William Adams

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Carter

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant W B Adams

(b) Address Green City, Mo.

17. (a) Burial (b) Date thereof May 13, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burnett Cem.

18. (a) Signature of funeral director Glenn E. Kent & Son

(b) Address Green City, Missouri

19. (a) May 14, 1948 (b) Laura Shaw Catlett
(Date received by registrar) (Registrar's signature) deputy

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Buchanan Twp.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1948 hour 2 minute 15 AM.

21. I hereby certify that I attended the deceased from May 10
May 10, 1948, to May 11, 1948.
that I last saw him alive on May 10, 1948.
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Chronic Valvular Disease
and Cancer of Liver
Duration

Due to

Due to

Other conditions
(Include pregnancy within 9 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

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) (e) Means of injury

23. Signature W H Huntington md (M.D. or other)

Address Green City Mo Date signed 5-11-48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number J-48-892
Date Filed MAY 17 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 Archie W. Wade

Licensed Embalmer No. 8037

P. O. Address Green City, 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.