

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18700  
Registrar's No. 174

FILED JUL 15 1948

Registration District No. 38

Primary Registration District No. 5120

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Boone County Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Lifetime  
years, months or days

3. (a) PRINT FULL NAME WALTER ADAIR

3. (b) If veteran, None name war \_\_\_\_\_  
3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
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 Unknown 1890  
(Month) (Day) (Year)

8. AGE: Years 58 Months Unknown Days \_\_\_\_\_ If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Boone County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name Elijah Adair  
13. Birthplace Boone County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mollie Todd  
15. Birthplace Callaway County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Boone County Infirmary  
(b) Address Route 6, Columbia, Mo.

17. (a) Burial (b) Date thereof 6-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Adair Cemetery

18. (a) Signature of funeral director Parker Funeral Service  
(b) Address Columbia, Mo.

19. (a) 6-29-48 (b) Mrs R.E. Palmer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 6  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23  
year 1948 hour 1 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from June 5  
to June 23, 1948,  
that I last saw him alive on June 15, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic  
myocarditis Duration 2yo

Due to \_\_\_\_\_

Due to ✓

Other conditions suble mndg  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations \_\_\_\_\_

Of autopsy no G3P

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. K. Schmidt (M. D. or other) \_\_\_\_\_  
Address Columbia, Mo. Date signed 6-29-48

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed JUL 14 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..... *Tom McHarg* .....

Licensed Embalmer No..... *46679* .....

P. O. Address..... *Columbia, 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.