

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39288

State File No.

Registration District No. 13

Primary Registration District No. 4026

Registrar's No. 93

1. PLACE OF DEATH:

(a) County Barry
 (b) City or town Purdy
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether
 In this community Months
 years, months or days)

3. (a) PRINT FULL NAME Urban Earl Adams3. (b) If veteran, name war No3. (c) Social Security No. 438-12-684. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Mable Adams 6. (c) Age of husband or wife if alive 64 years7. Birth date of deceased August 29 1879
(Month) (Day) (Year)8. AGE: Years 69 Months 3 Days 13 If less than one day hr. min.9. Birthplace Monroe, Indiana
(City, town, or county) (State or foreign country)10. Usual occupation Contractor

11. Industry or business

12. Name William Adams
 13. Birthplace (Don't Know) Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Bilina Pruitt
 15. Birthplace (Don't Know) Indiana
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mable Adams
(b) Address Purdy, Mo.17. (a) Burial (b) Date thereof Dec. 15, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Odd Fellows Cemetery, Monett18. (a) Signature of funeral director Bennett-Wormington(b) Address Monett, Missouri19. (a) 12-15-48 (b) W. M. West
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
 (c) City or town Purdy
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12
year 1948 hour 11:00 minute A.M.21. I hereby certify that I attended the deceased from Nov 26 1948 to Dec 12 1948
that I last saw him alive on Dec 10 1948
and that death occurred on the date and hour stated above.Immediate cause of death Chy. myocarditis & Embolism of Small
Artery veins

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 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)
 (c) Means of injury
 23. Signature Paul P. Doolley (M. D. or other)
 Address Monett, Mo. Date signed 12-14-48

RECEIVED

Officer No. 6;
1248-1416
12-31-48

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No. 4213

P. O. Address. Monett Missouri

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.