

S. No. 300  
OM-10-47  
Rev. 5-17-39  
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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 30 1948

Registration District No. 148

Primary Registration District No. 4234

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Ironton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Mary's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hours  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Bismarck  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Nove Adams

3. (b) If veteran, name war World War 1

3. (c) Social Security No. 497-03-8882

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

6. (b) Name of husband or wife Loe Adams 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased June 30th, 1892  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11  
year 1948 hour 5 minute 40 P. M.

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

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>5</u>	<u>11</u>	hr. _____ min. _____

Immediate cause of death Cerebral hemorrhage Duration 4 hours

Due to Arterial hypertension

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation Cashier

11. Industry or business Bank

12. Name George Oliver Adams

13. Birthplace Reynolds Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Serena Hodges

15. Birthplace Iron County Missouri  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

16. (a) Informant Mrs. J.N. Adams

(b) Address Bismarck Missouri

17. (a) burial (b) Date thereof 12-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bismarck Missouri

18. (a) Signature of funeral director White Funeral Home

(b) Address 9. S. 1st St. Ironton Missouri

19. (a) 12-21-48 (b) Arvi Jones  
(Date received local registrar) (Registrar's signature)

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 Bruce Bull (M. D. or other) M.D.  
Address Ironton, Mo. Date signed 12-16-48

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

RECEIVED

Health Officer No. 4  
Number 1248-1624  
12-29-48

DEC 30 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 *J. H. White*  
Licensed Embalmer No. 7395  
P. O. Address *Osborne 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.