

FILED JUL 22 1952

Registration District No. **27**Primary Registration District No. **5084**Registrar's No. **4**

1. PLACE OF DEATH:

(a) County **Bates**
(b) City or town **Elkhart twp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9 mi. W., & 1 mi. S. of Passaic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Home**
(Specify whether
In this community **4 years**
years, months or days)

3. (a) PRINT FULL NAME **Willard Emory Adams**

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

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

6. (b) Name of husband or wife **Mattie** 6. (c) Age of husband or wife if alive **Deceased**

7. Birth date of deceased **December 1, 1871**
(Month) (Day) (Year)

8. AGE: Years **80** Months **7** Days **21**
If less than one day hr. min.

9. Birthplace **Robertson County, Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **(Retired) Merchant**

12. Name **William Henry Adams**

13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Louise Humble**
(City, town, or county) (State or foreign country)

15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Records (his own)**

(b) Address

17. (a) **Burial** (b) Date thereof **7-23-52**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Zion Cem. & Co. Mo.**

18. (a) Signature of funeral director **W. H. McGowan, Jr.**

(b) Address **1331 Bryant Creek Rd.**

19. (a) **7-21-52** (b) **L. A. Mangold**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bates**
(c) City or town **Elkhart twp.**
(If outside city or town limits, write "RURAL")
(d) Street No. **9 mi. W., & 1 mi. S. of Passaic**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** 21 day
year **1952** hour minute **6:30 a.m.**

21. I hereby certify that I attended the deceased from
Nov. 29, 1950 to July 21, 1952
that I last saw him alive on **July 19, 1952**
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocardial Failure Duration **5 min.**

Heart Block **2 yrs.**

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations **4330**

Of autopsy

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)

Means of injury **2**

23. Signature **W. H. McGowan, Jr.** (M. D. or other D.O.)

Address **Amoret, Missouri** Date signed **7-21-52**

MAR 20 1953

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.....

Robert E. Korman

Licensed Embalmer No.....

4849

P. O. Address.....

K. C. 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.