

MAILED SEP 19 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28632

Registration District No. 349

Primary Registration District No. 21-00

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Rural, Springfield Twsp.
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 37 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John Franklin Adams 352

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

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

6. (b) Name of husband or wife Serena Wheeler Adams 6. (c) Age of husband or wife if alive 22-24 years

7. Birth date of deceased July 2 1889 1940
(Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days _____ If less than one day hr. _____ min. _____

9. Birthplace Todds Point Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Estes S. Adams
13. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Martha Raney
15. Birthplace unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Earl Jennings
(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof July 12-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Benton County, Mo. Huston-Turner

18. (a) Signature of funeral director _____
(b) Address Windsor, Missouri

19. (a) Aug-12-40 (b) Mrs. Edith J. Simpson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Rural, Windsor,
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. # 4
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1940 hour 5:03 p Minute _____ M. _____

21. I hereby certify that I attended the deceased from July 10 to July 12, 1940
that I last saw him alive on July 10 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis of
Due to _____
Due to _____

Other conditions 46
(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? 956

(Specify type of place) _____
While at work _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) 1
Address [Signature] Date signed 7-11-40

RECEIVED

District Health Officer No. 7,

District File Number 9-40-1242

Date Filed 9-4-40

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.....

Edell H. Hinton

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28632
Registrar's No. 11

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 349

Primary Registration District No. 5500

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

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Springfield, T.P.
(If outside city or town limits write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME

John Franklin Adams

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased July 21, 1940
(Month) (Day) (Year)

8. AGE: Years 81 Months - Days 8 If less than one day hr. min.

9. Birthplace Todd's Point
(City, town, or county) (State or foreign country)

MOTHER FATHER

12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) Aug-12-1940 Mrs. Edith J. Simpson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U.S.A. ? years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 10
year hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that last saw alive on and that death occurred on the date and hour stated above. Underline the cause of death

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

Duration
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 R. P. Jennings (M. D. or other)
Address Windsor Date signed

SUPPLEMENTAL

