

FILED MAR 8 1944

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution:
409 S. Main St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

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

(d) Street No. 409 S. Main St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clay R. Adair

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10 year 1944 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from Oct 29, 1943, to Feb 10, 1944, that I last saw him alive on Feb 10, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death _____

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Clare Adair

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased: Aug 24 1868
(Month) (Day) (Year)

Duration

Carcinoma of Pancreas 4 mo.

Due to _____

Due to _____

Other conditions, Acute Myocarditis 3 da.
(Include pregnancy within 3 months of death)

8. AGE: Years 75 Months 5 Days 16 If less than one day _____ min.

9. Birthplace Fayette Co Texas
(City, town or county) (State or foreign country)

10. Usual occupation Real Estate Man

PHYSICIAN

Major findings: Hog

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Josephus Adair

13. Birthplace Independence Mo
(City, town or county) (State or foreign country)

14. Maiden name Margaret Payne

15. Birthplace Independence Mo
(City, town or county) (State or foreign country)

16. (a) Informant Gene Adair

(b) Address Hannas City Mo

17. (a) Burial (b) Date thereof 2 12 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Congewood Cem

18. (a) Signature of funeral director Freda Wilkinson

(b) Address Clinton Mo

19. (a) February 12 1944 Georgia Kitchen
(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? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Dr. R. S. Hellingwater M.D. or other _____
Address Clinton Mo Date signed 2/11/44

1009

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

MAR 8 1944

RECEIVED

District Health Officer No. 7,

District File Number 2-44-148

Date Filed 3-4-44

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. 2478

working under my personal supervision.

Signed Fred W. Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton, 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.