

**FILED** MAY 13 1946

State File No. ....

Registration District No. 237

Primary Registration District No. 3023

Registrar's No. 78

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: CLINTON GENERAL HOSPITAL 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 DAYS (Specify whether  
In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry 42  
(c) City or town Clinton 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 512 N. Main St. 2  
(If rural, give location) 0  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME JACK WAYNE ADEMA

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

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years  
7. Birth date of deceased FEB. 21 1946  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 1 18 hr. min.

9. Birthplace CLINTON MO  
(City, town, or county) (State or foreign country)

10. Usual occupation ✓

11. Industry or business ✓

MOTHER FATHER { 12. Name SIDNEY ADEMA  
13. Birthplace MICH  
(City, town, or county) (State or foreign country)  
14. Maiden name MARLETTA WILSON  
15. Birthplace NEB. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Wayne Adema  
(b) Address Clinton Mo.

17. (a) Burial (b) Date thereof 4-10-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carpenter's Cemetery

18. (a) Signature of funeral director J. A. Lussant  
(b) Address Clinton

19. (a) 4-10-46 (b) R. R. Kenney  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9  
year 1946 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Feb 21, 1946, to April 9, 1946;  
that I last saw him alive on April 9, 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital heart disease  
all of life

Due to -  
Due to -  
Other conditions (Include pregnancy within 3 months of death) none

Major findings: Of operations none  
Of autopsy none

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(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 S. B. [unclear] (M. D. or other) M.D.  
Address Clinton Mo. Date signed 4/10/46

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

11839

MAY 27 1946

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RECEIVED  
District Health Office  
District File Number 4-46-415  
Date 5-10-46

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.....

*Body was not embalmed*....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *W. L. Sansant*.....

Licensed Embalmer No..... *3779*.....

P. O. Address..... *Clinton*.....

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.