

3. No. 3905
M-10-47
7-5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 26 1948
Registration District No. 137

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16110
Registrar's No. 101

Primary Registration District No. 3023

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

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 Genl Hosp 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days) all life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42
(c) City or town Chilhowee 0
(If outside city or town limits, write "RURAL")
(d) Street No. RR # 2 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

JAMES W ADAIR

(b) If veteran name war

(c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1948 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 1948 to May 9 1948
that I last saw him alive on May 9 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis
Duration 7 days

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

6. (b) Name of husband or wife Muriel Adair 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased April 17 1875
(Month) (Day) (Year)

8. AGE: Years 73 Months X Days 23
If less than one day hr. min.

9. Birthplace HENRY Co mo O.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Isaac ADAIR

13. Birthplace Bond Mo 9
(City, town, or county) (State or foreign country)

14. Maiden name NANCY SLAYTON

15. Birthplace Henry Co mo O
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J W Adair

(b) Address Chilhowee mo

17. (a) Burial (b) Date thereof 5-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carville Camp

18. (a) Signature of funeral director Consalus

(b) Address Clinton Mo

19. (a) 5-11-48 (b) R. A. Adair
(Date received local registrar) (Registrar's signature)

Other conditions (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?

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

23. Signature J. D. Smith (M. D. or other)
Address Clinton Mo Date signed 5-11-48

RECEIVED
District Health Officer No. 7,
District Health Officer No. 7,
District File Number _____
Date Filed _____

RECEIVED
District Health Officer No. 7,
District File Number 4-48-527
Date Filed 5-12-48

DEC 28 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. E. Consoletti
Licensed Embalmer No. 1891
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.