

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 3327
22FEB 7 1940
Registration District No. 668Primary Registration District No. 3032Registrar's No. 66822

1. PLACE OF DEATH:

(a) County 320 Pettis 2
(b) City or town Adalia
(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 Lewis Adams 352

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 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 March 19 1869
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
70 3 18 hr. min.9. Birthplace Pettis Co., Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Carpenter

11. Industry or business _____

12. Name George Adams 018. Birthplace Michigan
(City, town, or county) (State or foreign country)14. Maiden name Irene C. Fremont
15. Birthplace Ohio
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Etta Reese(b) Address La Monte
17. (a) Removal (b) Date thereof 1-19-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation La Monte18. (a) Signature of funeral director F. J. Parker 966(b) Address La Monte19. (a) Jan 18 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 17
year 1940 hour 1 minute 0 P. M.21. I hereby certify that I attended the deceased from as Coroner
Case only to _____, 19____;
that I last saw him as Coroner Case only _____, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral haemorrhage
(apoplexy) Duration _____Due to arteriosclerosisDue to of oldOther 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 Garland Paul Baker (M. D. or other) MDAddress Corning Pettis County Date signed 1-18-40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4/7/90

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 Paul M. Moore
Licensed Embalmer No. 3923

P. O. Address.....

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, above space should be left blank.