

FILLED NOV 4 1941

Registration District No. **213**

Primary Registration District No. **3014**

Registrar's No. **312**

1. PLACE OF DEATH:

(a) Country Missouri
(b) City or town Jackson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1115 R. W. Miller
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community 1 week years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian
(c) City or town Sparta (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 28
year 1941 hour 2 minute 20 A.M.
21. I hereby certify that I attended the deceased from 10/24
41 to 10/28/41 19____;
that I last saw him alive on 10/28/41 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Lung Duration 3 mo
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: 472
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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature David G. [unclear] (M. D. or other) _____
Address Jackson City Mo Date signed 10/28/41

3. (a) PRINT FULL NAME Andrew Jackson Adams
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 Ethel Adams 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 10 11 1885
(Month) (Day) (Year)

8. AGE: Years 56 Months _____ Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation farmer

11. Industry or business _____

12. Name J. H. Adams

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

14. Maiden name Mary Ferrell

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

16. (a) Informant W. M. Adams

(b) Address Jackson City Mo.

17. (a) Removal (b) Date thereof 10 28 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sparta Mo.

18. (a) Signature of funeral director [unclear]

(b) Address [unclear]

19. (a) October 28/41 (b) Norma [unclear]
(Date received local registrar) (Registrar's signature)

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

6
5
4

JAN 8 1942

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.

Oct. 28 1941

I am moving body by motor from Jefferson Signed.....

City to Forsythe, Missouri - to my funeral

home, where all preparations will be taken care of

signed J. H. Williams

Licensed Embalmer No.....

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, fact should be so stated above.