

FILED DEC 9 1941  
Registration District No. **429**

Primary Registration District No. **5-630**

1. PLACE OF DEATH:

(a) County **Lawrence**  
(b) City or town **Oparkville, Mo.**  
(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 **Life time** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Lawrence 55**  
(c) City or town **Rural** (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **13** day **7** of **Nov**  
year **1941** hour \_\_\_\_\_ minute **10 P.** M.  
21. I hereby certify that I attended the deceased from **7:05 P.M.**  
**7-13-41** to **7:05 P.M.** **13-1941**  
that I last saw him alive on **7 Oct. 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral apoplexy**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions: **Lobar pneumonia**  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **108**

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? **Yes** (Specify type of place) \_\_\_\_\_ (Means of injury)  
23. Signature **W. S. Bunn** (M. D. or other)  
Address **Miller, Mo** Date signed **11-14-41**

3. (a) PRINT FULL NAME **Newell, J. Adamson**  
3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Single**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Sept 30 1897**  
(Month) (Day) (Year)

8. AGE: Years **44** Months **1** Days **13**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Lawrence Co Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

12. Name **E. B. Adamson**  
13. Birthplace **Lawrence Co Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Estelle Auerk**  
15. Birthplace **Lawrence Co Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **John Adamson**  
(b) Address **Rural Miller Mo.**

17. (a) **Burial** (b) Date thereof **Nov 16 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Hood Cemetery N.D. Route**

18. (a) Signature of funeral director **H. D. Housh**  
(b) Address **Int Vernon Mo**

19. (a) **11-14-41** (b) **W. S. Bunn**  
(Date received local registrar) (Registrar's signature)

**H. D. Housh** (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6;

District File Number 1241-1765

Date Filed DEC 5 1941

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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.....

Max Fossett

....., Registered Apprentice No. 268

working under my personal supervision.

Signed H. D. Fossett

Licensed Embalmer No. 2201

P. O. Address Mt. Vernon, 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.**