

FILED MAY 21 1942

Registration District No. 371

Primary Registration District No. 0-5-49-5548

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Rural; Dent
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Goodland
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 5 miles S. E. of East End.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Nelson Washington Adams

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1942 hour 8 minute 30 P. M.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Rebecca Adams

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Jan. 11 1855
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1
1928 to April 21 1942
that I last saw him alive on April 21 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>3</u>	<u>10</u>	hr. min.

Immediate cause of death chronic valvular disease of heart

Duration 6 yrs

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

10. Usual occupation farmer

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death) 938

MOTHER FATHER

11. Industry or business.....

12. Name Matthew Adams

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

14. Maiden name Josephine Gallahar

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

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant George C. Adams

(b) Address Goodland Mo.

17. (a) burial (b) Date thereof 4-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goodland Mo.

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?.....

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ironton Mo.

19. (a) 4-24-42 (b) ms J. C. Rusk
(Date received local registrar) (Registrar's signature)

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

23. Signature R. B. Pender (M. Director)
Address Steelville Mo Date signed 4-23-42

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

700

1078

RECEIVED

District Health Officer No. 4

District File Number 542-53

Date Filed 5-11-42

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 Arvid J. White

Licensed Embalmer No. 2012

P. O. Address Clinton Iowa

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.