

Registration District No. 318

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Frisco Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County.....
(c) City or town Hugo (If outside city or town limits, write "RURAL")
(d) Street No. 403 S. 4th St., (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Chester A. Adams

3. (b) If veteran, name war No. 3. (c) Social Security No. 702-07-2332

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Golden A. Yates 6. (c) Age of husband or wife if alive 51

7. Birth date of deceased 9 - 18 - 1882
(Month) (Day) (Year)

8. AGE: Years 60 Months 1 Days 17 If less than one day hr. min.

9. Birthplace Russell County, Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer-Locomotive

11. Industry or business.....

12. Name R. B. Adams

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

14. Maiden name Williams

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

16. (a) Informant John T. Williams

(b) Address Frisco Hospital

17. (a) Removal (b) Date thereof 11-8-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hugo, Oklahoma

18. (a) Signature of funeral director Robert J. Ambruster

(b) NOV 6 1942 Clayton Road at Concordia Lane

19. (a) (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5 year 1942 hour 1 minute 0 M.

21. I hereby certify that I attended the deceased from May 1 - 1942 to Nov 5 - 1942,
that I last saw him alive on Nov 5 - 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to Carcinoma right lung

Due to H7

Other conditions -
(Include pregnancy within 3 months of death)

Major findings: Operated Bicus Aortic
Of operations May 18-42 - TB pneumonia

Of autopsy.....

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 E. M. Essender (M. D. or other)

Address St. Louis Mo Date signed 11/5-42

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

MOTHER FATHER

B

999
NR. 38

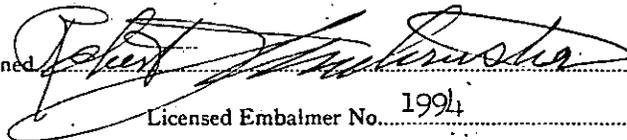
Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 .....
Licensed Embalmer No. 1994.....

P. O. Address. Clayton, Missouri.

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.