

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 13 1943

Registration District No. 61

Primary Registration District No. 41.07

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Edwards Springs
(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 (Specify whether _____)

3. (a) PRINT FULL NAME BAILEY W ADAMS

3. (b) If veteran, name war us

3. (c) Social Security No. none

4. Sex male 5. Color or face white

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

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

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased June 9 1971
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 0 23 hr. min.

9. Birthplace No 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer (Retired 2 yrs)

11. Industry or business _____

12. Name Noah Adams

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

14. Maiden name Merriera Tow
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Marlena Adams

(b) Address 305 W Gay St. Edwards Springs, Mo

17. (a) Burial (b) Date thereof 7-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ludley Prairie

18. (a) Signature of funeral director Wm. Siders

(b) Address Edwards Springs, Mo

19. (a) July 3, 43 (b) L. S. Burnham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar

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

(d) Street No. 305 W Gay
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1943 hour 12 minute 15 P M.

21. I hereby certify that I attended the deceased from Tenn
1st 1943 July 2nd 1943
that I last saw him alive on July 2nd 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Endo corditis Duration 1 yr

Due to _____

Due to _____

Other conditions 920
(include pregnancy within 3 months of death)

Major findings: Of operations _____

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 L. F. Dunaway (M. D. or other) _____

Address Edwards Springs Mo Date signed 7/3/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

20
0

1046

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7.

District File Number

7-43-844

Date Filed

8-11-43

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

M D Swinn

Licensed Embalmer No.

2034

P. O. Address

El Dorado Springs, 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.