

34956

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 136

Primary Registration District No. 2001

Registrar's No. 602

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution:
St. Johns.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 24 hrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Seneca, Mo. R.F.D. # 1
(If outside city or town limits, write "RURAL")
(d) Street No. Buffalo Twp.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Delno 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. 0

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

7. Birth date of deceased September 27 1943
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name Delno Adams

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

14. Maiden name Irene Kennedy

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

16. (a) Informant Ernest P. Kennedy

(b) Address Seneca, Mo. R.F.D. # 1.

17. (a) Burial (b) Date thereof 10 30 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Seneca, Mo. Baptist

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

(b) Address Seneca, Mo.

19. (a) 10-30-43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26
year 1943 hour 10 minute AM. M.

21. I hereby certify that I attended the deceased from 10/25/43, 3:30 P.M.
_____ 19 _____ to 10/26/43 19 _____
that I last saw him alive on 10/26/43 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death acute enteritis
(Prob. infectious)
Due to _____
Due to 119a
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: none done
Of operations _____
Of autopsy no.

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? _____

23. Signature [Signature] (Specify type of place) _____
Address 304 Erie Col Bldg Joplin Date signed 10/30/43

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

S. No. 2
4-9-44
5-17-39
PI X29484

49
2
5

MOTHER FATHER

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

43-18-922

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 *B. W. Buggard*
Licensed Embalmer No. 2334
P. O. Address *Seneca 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.