

FILED FEB 11 1946
Registration District No. 128

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 715 N. Main Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 70 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 715 N. Main Ave.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME THOMAS WILSON ADAMS

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26th
year 1946 hour 5:50 PM minute _____ M.

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased June 10, 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 25 Jan 1946 to 26 Jan 1946; that I last saw him alive on 26 Jan 1946; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>88</u>	<u>7</u>	<u>16</u>	_____ hr. _____ min.

Immediate cause of death Lobar Pneumonia Duration 2 days

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

Due to _____

Due to _____

10. Usual occupation Farmer

Other conditions Senility
(Include pregnancy within 8 months of death)

Autopsy performed

11. Industry or business Farm

12. Name James Adams

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

14. Maiden name Elizabeth Wright

15. Birthplace Unknown Unknown
(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 Mrs. Ella Hurd

(b) Address 2223 N. Main Ave., Springfield, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Jan. 28, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robberson Prairie Cemetery
Fred G. Thieme

(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 _____

(b) Address Springfield, Mo.

19. (a) 1-28-46 (b) Dr. W. E. Handley
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) _____

(c) Means of injury _____

23. Signature W. E. Handley (M. D. or other) Dr. M.D.
Address Wadsworth Bldg., Springfield, Mo. Date signed 28 Jan 46

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.....

Ralph Thorne

Licensed Embalmer No. 3681

P. O. Address. Springfield, 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.

X