S. No. 2
M—8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16279

FILED JUN 12 1946

Registration District No. 128 Primary Registration District No. 5000 Registrar's No. 455

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: O Burge Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution approx 2 hrs (Specify whether years, months or days) In this community all his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town ~~Route #2~~, Springfield - N Campbell Twp. (If outside city or town limits, write "RURAL")

(d) Street No. Route #2 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charles E. Adams

3. (b) If veteran, name war UNK.

3. (c) Social Security No. UNK.

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~husband~~ or wife Clara Adams

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

7. Birth date of deceased May 26, ~~1946~~ 1884 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
62	0	0	hr. min.

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

10. Usual occupation Retired Stockman

11. Industry or business Ben Sheppard Commission Co.

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) UNK. (State or foreign country)

MOTHER
14. Maiden name Rusha Brudlove
15. Birthplace Unknown (City, town, or county) UNK. (State or foreign country)

16. (a) Informant Mrs. Clara Adams

(b) Address Route # 2, Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-30-46 (Month) (Day) (Year)

(c) Place: burial or cremation East-Lawn Cem.

18. (a) Signature of funeral director ALMA LOHMEYER FUNERAL HOME

(b) Address 534 St. Louis St., Springfield, Mo.

19. (a) 5-28-46 (Date received local registrar) (b) B W Hamlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 26 year 1946 hour 7:30 A. M.

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

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertension	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature N W Campbell (M. D. or other)

Address Springfield, Mo. Date signed May 26, 1946

(Licensed Embalmer's Statement on Reverse Side)

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

15166

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 Lewis G. Scharpf

Licensed Embalmer No. 3802

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.