

No. 2
- 3-43
- 5-17-39
- 57823

FILED MAR 12 1947

Registration District No. _____

Primary Registration District No. **3016**

Registrar's No. **52**

1. PLACE OF DEATH:

(a) County **Bale Co.**
(b) City or town **Jefferson City**
(c) Name of hospital or institution: **St. Mary's Hospice**
(d) Length of stay: **18 Days**
In this community **JEREMIAH**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Miller**
(c) City or town **Ellsberry, MO**
(d) Street No. _____
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME **JOHNATIN J. ADAMS**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color **White** 6. (a) Single, widowed, married, divorced **Widow**
7. Birth date of deceased **Nov. 13 1868**

20. DATE OF DEATH: Month **2** day **27** year **1947** hour **9** minute **55 a.m.**

21. I hereby certify that I attended the deceased from **2-1-47** to **2-27-47**, 19**47**
that I last saw **him** alive on **2-27-47**, 19**47**
and that death occurred on the date and hour stated above.
Immediate cause of death _____

8. AGE: Years **78** Months **3** Days **14** If less than one day _____ hr. _____ min.

9. Birthplace **Berria, MO**

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **George W. Adams**

13. Birthplace **Bauden Co., MO**

14. Maiden name **Hansley Wimpsey**

15. Birthplace **Bauden Co., MO**

16. (a) Informant **Hessie Jarrett**

(b) Address **Berria, MO**

17. (a) **Burial** (b) Date thereof **3-1-47**

(c) Place: burial or cremation **Watkins, MO**

18. (a) Signature of funeral director **Dr. Casey**

(b) Address **Berria, MO**

Duration **3 wks**
Due to **Fat Embolism**
Due to **Fract. hip Lx**

Other conditions _____
Major findings: _____
Of operations _____
Of autopsy _____
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
PHYSICIAN _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) _____
(a) Means of injury _____
23. Signature **M.R. Clididy** (M. D. or other) _____
Address **Jefferson City, MO** Date signed **2/27/47**

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3/11/77

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 C. L. Casey
Licensed Embalmer No. 2694
P. O. Address Berea, 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.

Registration District No. 77

Primary Registration District No. 3016

1. PLACE OF DEATH:

(a) County Calhoun
(b) City or town Jefferson
(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 _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Johnnie J. Adams

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased Mar-13-1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days _____ (If less than one day) hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) Mo.

10. Usual occupation _____

11. Industry or business _____

MOTHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

15. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 27
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____ (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) Accident

(b) Date of occurrence February 10, 1947

(c) Where did injury occur? Eldon, Miller, Missouri (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In his home

While at work? No (Specify type of place) (e) Means of injury a fall

23. Signature MR. Adams (M. D. or other)

Address Trust Building Date signed 2-15-47

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

SUPPLEMENTARY

S-4358