

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. **137** Primary Registration District No. **4218**

1. PLACE OF DEATH:
(a) County **Henry**
(b) City or town **Windsor**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
607 E. Florence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **16 years**
In this community **16 years**
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **William Thomas Adair**
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 **Widowed**
6. (b) Name of husband or wife **Ellen Vina Adair**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **July 3 1861**
(Month) (Day) (Year)

8. AGE: Years **85** Months **9** Days **4**
If less than one day _____ hr. _____ min.

9. Birthplace **Laclede County Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Farming (Retired)**

11. Industry or business _____
12. Name **Nelson Adair**
13. Birthplace **Unknown Tennessee**
(City, town, or county) (State or foreign country)
14. Maiden name **Jane Mcquire**
15. Birthplace **Unknown Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Windsor Adair**
(b) Address **Windsor, Missouri**

17. (a) **Burial** (b) Date thereof **4-8-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Camden Cemetery, Mo.**

18. (a) Signature of funeral director **Huston Durbin**
(b) Address **Windsor, Missouri**

19. (a) **4-11-47** (b) **R. R. Kenney**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Henry**
(c) City or town **Windsor**
(If outside city or town limits, write "RURAL")
(d) Street No. **607 E. Florence**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **7**
year **1947** hour **4:30 A** minute _____ M.

21. I hereby certify that I attended the deceased from **March 12 1947** to **April 7 1947**
that I last saw him **alive** on **April 7 1947**
and that death occurred on the date and hour stated above

Immediate cause of death **Bright's disease**
Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **13/13**
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **R. R. Kenney** (M. D. _____)
Address **Windsor Missouri** Date signed **4-7-47**

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

MOTHER FATHER

RECEIVED
District Health Officer No. 71
Office: to number 3-47-45-2
Date filed 7-17-47

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

William M. Turner, Registered Apprentice No. 470
working under my personal supervision.

Signed E. M. Weston

Licensed Embalmer No. 3391

P. O. Address Windsor 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.