V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16747

Registration District No. 389 Primary Registration District No. 5173 Registrar's No. 9

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Salt Smith
(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 —
In this community 5 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Montgomery 70
(c) City or town Montgomery City Mo 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No) 1
If yes, name country —

3. (a) PRINT FULL NAME Henery B. Adams.
3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced W I
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 2 (Month) 12 (Day) 1873 (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	2	12	hr. min.

9. Birthplace Near Troy MO (City, town, or county) 0 (State or foreign country)
10. Usual occupation Loparer Brick Plant
11. Industry or business —
FATHER
12. Name William Adams
13. Birthplace Troy MO (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name —
15. Birthplace — (City, town, or county) (State or foreign country)
16. (a) Informant Al Schluss
(b) Address Cedar City MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Montgomery City Cemetery
18. (a) Signature of funeral director C. W. Hayes
(b) Address Montgomery City MO
19. (a) May 12-47 (Date received local registrar) (b) LeRoy Gloyard (Registrar's signature) 20

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1947 hour 1 minute 50 M.
21. I hereby certify that I attended the deceased from Nov 1947 to April 30 1947 that I last saw him alive on April 30 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	3 days
Due to Hypertensive cardiovascular disease	years
Due to	
Other conditions Chr. Cystitis (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93 P
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 Leon A Taylor (M. D. or other) MD
Address Jefferson City Date signed 4-30-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 5-28-47

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 on the 30th day of April 1947, Registered Apprentice No. ....., working under my personal supervision.

Signed C W Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.