No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 19 1947

Registration District No. 8

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3017

State File No. 37516

Registrar's No. 171

1. PLACE OF DEATH:
(a) County: COOPER
(b) City or town: BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 414 PINE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 15 YEARS (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: COOPER 27
(c) City or town: BOONVILLE 1
(If outside city or town limits, write "RURAL") 2
(d) Street No.: 414 PINE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: U

3. (a) PRINT FULL NAME: ALBERT ADAMS
3. (b) If veteran, name war: NONE
3. (c) Social Security No.: NONE
4. Sex: MALE 2
5. Color or race: NEGRO 1
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: WINNIE ADAMS
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: JULY 5 - 1878 (Month) (Day) (Year)

8. AGE: Years 69 | Months 4 | Days 2 | If less than one day: hr. min.
9. Birthplace: COOPER COUNTY (City, town, or county) MISSOURI (State or foreign country) 0
10. Usual occupation: LABORER
11. Industry or business: DAY WORK
FATHER
12. Name: BASIL ADAMS
13. Birthplace: MISSOURI 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: LUCINDA TAYLOR
15. Birthplace: MISSOURI 0 (City, town, or county) (State or foreign country)
16. (a) Informant: MRS ALBERT ADAMS
(b) Address: BOONVILLE, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 11/11/47 (Month) (Day) (Year)
(c) Place: burial or cremation: CLARK'S FORK
18. (a) Signature of funeral director: STEGNER
(b) Address: BOONVILLE - MO.
19. (a) 11-13-47 (Date received local registrar) (b) L. C. Hooper (Registrar's signature) 201

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month NOVEMBER day 7th
year 1947 hour 3 minute D M.
21. I hereby certify that I attended the deceased from Jan 1, 1947, to Nov 7, 1947; that I last saw alive on Nov 1, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Valvular Disease of Heart	2
Due to: Chronic Prostatitis	2
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: G J P	
Of autopsy:	

PHYSICIAN
Underline the cause of 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: 0
23. Signature: A. L. Meredith (M. D. or other) MD
Address: Prairie Home Mo. Date signed: 11/12/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-18-47

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 Fred W. Harris, Registered Apprentice No. 476, working under my personal supervision.

Signed James W. Stagner

Licensed Embalmer No. 3780

P. O. Address BOONVILLE - 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.