

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42225
Registrar's No. 44

Registration District No. 176

Primary Registration District No. 5-65-4

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

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Miller
(c) Name of hospital or institution: Residence 1
(d) Length of stay: In hospital or institution _____
In this community Native years, months or days _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence
(c) City or town: Miller
(d) Street No. _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alexandra Adcock
(b) If veteran, name war no
(c) Social Security No. 406

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 10 year 1947 hour 11 minute 30 A. M.

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Sylvia Adcock
(c) Age of husband or wife if alive 43 years
7. Birth date of deceased (Month) 8 (Day) 9 (Year) 1871

21. I hereby certify that I attended the deceased from 11-30, 1947 to 12-10, 1947 that I last saw him alive on 12-7, 1947 and that death occurred on the date and hour stated above.
Immediate cause of death acute nephritis

8. AGE: Years 76 Months 4 Days 1 If less than one day _____ hr. _____ min.

Due to stroke
Due to _____

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

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

10. Usual occupation Farmer

Major findings: Of operations _____ Of autopsy _____

11. Industry or business _____
12. Name John Adcock
13. Birthplace Nashville Tenn.
14. Maiden name Mary Brown
15. Birthplace Nashville Tenn.

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? _____

16. (a) Informant Mrs. Sylvia Adcock
(b) Address Miller Mo.
17. (a) Burial (b) Date thereof 12-12-1947
(c) Place: burial or cremation Shilo

23. Signature W. S. Busbey (M. D. or other) _____
Address Miller, Mo. Date signed 12-14-47

18. (a) Signature of funeral director Mary Feiman
(b) Address Miller Mo.
19. (a) 12-14-47 (b) W. S. Busbey
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 6;

District File Number 1247-1300

Date Filed 12-23-47

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.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed J. R. Selman

Licensed Embalmer No. 3297

P. O. Address Miller 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.