. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9451

Registration District No. 217 Primary Registration District No. 5787 Registrar's No. 21

ms
67
0
C

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

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town 13 mi So Ea on RFD#3 Charleston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R#3 Charleston
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi 67
(c) City or town 13 Mi So Ea Charleston, Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. RFD#3 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Wilburn A. Adams
3. (b) If veteran, name war No
3. (c) Social Security No. .....
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hettie Adams
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased February 7, 1886 (Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace Dardanelle, Arkansas (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business Farm labor
FATHER
12. Name William Adams,
13. Birthplace No record (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Betty Stevens
15. Birthplace No record (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Hettie Adams,
(b) Address R#3 Charleston, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove-Charleston, Mo
18. (a) Signature of funeral director John F. Nunnelee Jr
(b) Address Charleston, Mo
19. (a) 4-1-48 (Date received local registrar) Mrs. John Bondurant (Registrar's signature) 191

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27th year 1948 hour 8 minute 30 AM M.

21. I hereby certify that I attended the deceased from Nov 11, 1946 to March 27 1948 that I last saw ~~him~~ alive on March 27, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Art disease with myocardial degeneration — Duration 18 mo

Due to .....

Due to .....

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

Major findings:
Of operations .....
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 .....

23. Signature A. P. Fenton (M. D. or other)
Address Wyatt Mo Date signed 3-27-48

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

RECEIVED
District Health Office No. 2
District File Number #48-441
Date Filed 4-5-48

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 John F. Nunnelee Jr.

Licensed Embalmer No. 3857

P. O. Address Charleston, 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.