FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 30 1948
Registration District No. 156

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23334
Primary Registration District No. ~~2001~~ 5581
Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town R.F.D. 3 Joplin, box 146
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. 3 box 146 - Galena Twn. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town R.F.D. 3 Joplin Box 146 2
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country XXX

3. (a) PRINT FULL NAME JAMES SAMUEL ADAIR
3. (b) If veteran, name war XXX
3. (c) Social Security No. 500-09-0690
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September (Month) 22 (Day) 1876 (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	9	27	hr. min.

9. Birthplace Decauter Co. (City, town, or county) Iowa 1 (State or foreign country)
10. Usual occupation retired
11. Industry or business
FATHER
12. Name Jesse Franklin Adair
13. Birthplace Mercer (City, town, or county) Missouri 0 (State or foreign country)
MOTHER
14. Maiden name Louisa Kindall
15. Birthplace XXX (City, town, or county) Ind. 1 (State or foreign country)
16. (a) Informant Luther Adair
(b) Address R.F.D. 3 Joplin, Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7 21 48 (Month) (Day) (Year)
(c) Place: burial or cremation Messer Cem.
18. (a) Signature of funeral director Hurlbut - Glover
(b) Address 422 Sergeant, Joplin, Mo.
19. (a) 7-20-48 (Date received local registrar) (b) Dolores Lampkins Dr. (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 19
year 1948 hour 5 minute 45 M.
21. I hereby certify that I attended the deceased from July 5, 1948, to July 19, 1948
that I last saw him alive on July 15, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Insufficiency with Dilatation of Heart	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 95C	
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) 0
While at work? (e) Means of injury
23. Signature John W. Douglas (M. D. or other)
Address 216 West 32nd St. Joplin Date signed July 20 48

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

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

48-7-626

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 Dale Glover, Registered Apprentice No. 87, working under my personal supervision.

Signed Perry K. Hurlbert

Licensed Embalmer No. 909

P. O. Address Joplin 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.