

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**21458**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Barry Registration District No. 31  
 (b) Township Wheaton Primary Registration District No. 5042C Registered No. 21  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** 352 Hervey F. Adams

(a) Residence, No. \_\_\_\_\_ St.  \_\_\_\_\_  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eva Adams  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22 1881  
 7. AGE YEARS 58 MONTHS 2 DAYS 11 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME John Adams  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER 15. MAIDEN NAME Martha Hase  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Eva Adams  
 (ADDRESS) Furdy Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hale Cem. DATE June 14th 1939

19. FUNERAL DIRECTOR (NAME) Eogues Funeral Home  
 (ADDRESS) Wheaton, Mo.

20. FILED June 14 1939 Donald Blankenship  
 Local Registrar 32

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11 1939

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1939, to June 11, 1939  
 I last saw him alive on June 11, 1939. Death is said to have occurred on the date stated above, at 9 A. m.  
 The principal cause of death and related causes of importance were as follows:

Endocarditis Chronic  
 Other contributory causes of importance: 92%

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chronic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_ (Signed) O. S. McLeall, M. D.  
Wheaton Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

Serial No. Officer No. 6,

District File Number 739-1328

Date Filed JUL 5 1939

**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, .....

William Morris Pogue ....., or by .....

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

Signed William Morris Pogue

Licensed Embalmer No. 3442

P. O. Address Wheaton 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, above space should be left blank.**