S. No. 2
M—5-43
. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 11 1947

Registration District No. 2575

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32065

Primary Registration District No. 5939

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Cold Springs Twp. Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lecama Star Route - Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community 85 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shelby

(c) City or town Rural - Rollo
(If outside city or town limits, write "RURAL")

(d) Street No. Lecama Star Route
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country U.S.

3. (a) PRINT FULL NAME FRANK ADAM, SR

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race Wh

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Selma Adam

6. (c) Age of husband or wife if alive years

7. Birth date of deceased December 5 1858
(Month) (Day) (Year)

8. AGE: Years 88 | Months 9 | Days 15 | If less than one day hr. min.

9. Birthplace — (City, town, or county) Austria (State or foreign country)

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER

12. Name Do not know

13. Birthplace — (City, town, or county) Do not know (State or foreign country)

14. Maiden name Do not know

15. Birthplace — (City, town, or county) Do not know (State or foreign country)

16. (a) Informant Valentine Adam

(b) Address Lecama Star Rt. Rollo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 23 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Peace Lutheran Cem

18. (a) Signature of funeral director Bull Adams & Sons

(b) Address Rollo Mo.

19. (a) 10-1-47 (Date received local registrar) (b) Nadine L. Stoll (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept. day 20 year 1947 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 15 21 1947, to Sept 20, 1947 that I last saw h~~e~~ alive on Sept 20 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	5 day
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to 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?

While at work? (Specify type of place) (e) Means of injury —

23. Signature E. E. Feind M. D. (M. D. or other)

Address Rollo Mo. Date signed 9-23-47

(Licensed Embalmer's Statement on Reverse Side)

MAR 3 1948

AUG 17 1948

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~~ David E. Nuell, Registered Apprentice No. 428, working under my personal supervision.

Signed D. E. Nuell

Licensed Embalmer No. 3397

P. O. Address Rolla 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.