

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10419**

Registration District No. **316**

Primary Registration District No. **3059**

Registrar's No. **69**

1. PLACE OF DEATH

(a) County **St. Francois**

(b) City or town **BONNETT TWP**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
BONNETT TWP Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3-2 days**
(Specify whether)

In this community **lifetime**
years, months or days

3. (a) PRINT FULL NAME **Thomas J. Adams**

3. (b) If veteran, name war **-**

3. (c) Social Security No. **-**

4. Sex **Male** **5. Color or race** **Caucas**

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

6. (b) Name of husband or wife **Ethel Adams**

6. (c) Age of husband or wife if alive **51** years

7. Birth date of deceased **April 9 - 1888**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	10	8	- hr. - min.

9. Birthplace **St. Francois County, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **MINE**

11. Industry or business **-**

12. Name **Wade Adams**

13. Birthplace **UNKNOWN** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Emma Plath**

15. Birthplace **UNKNOWN** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lee Hubbard**

(b) Address **BONNETT TWP, MO**

17. (a) Burial **(b) Date thereof** **March - 2-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Parkview Cemetery**

18. (a) Signature of funeral director **Spark's Funerals Home**

(b) Address **300 Taylor Flat River, Mo**

19. (a) 3-13-47 **(b) Esther Rudloff**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Francois 94**

(c) City or town **Flat River**
(If outside city or town limits, write "RURAL") **5**

(d) Street No. **9 Pratt**
(If rural, give location) **2**

(e) Citizen of foreign country? **no** (Yes or No) **0**

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **28**
year **1947** hour **1:40** minute **P** M.

21. I hereby certify that I attended the deceased from **Feb 24**, 19**47** to **Feb 28**, 19**47**
that I last saw him alive on **Feb 28**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Terminal Pneumonia 2 das.**
Cerebral Hemorrhage 4 das.

Due to _____

Due to _____

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

Major findings:
Of operations **g2**

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 **0**

23. Signature **H.C. Shephard** (M.D. **0**)
Address **Flat River, Mo.** Date signed **3-6-47**

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

MOTHER FATHER

289

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 347-359
Date Filed 3-17-47

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 Murphy Sparks
Licensed Embalmer No. 4236
P. O. Address Flat River, 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.