S. No. 2
4-12-40
5-17-55

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

110

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3977

FILED JAN 30 1942

Registration District No. 887

Primary Registration District No. 4538

Registrar's No.

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Potosi (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Washington
(c) City or town Potosi (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

110
0
0

3. (a) PRINT FULL NAME Everett Adams
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Annie Adams
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased January (Month) 4 (Day) 1912 (Year)

8. AGE: Years 29 Months 11 Days 26 If less than one day hr. min.

9. Birthplace Madison (City, town, or county) Col (State or foreign country)
10. Usual occupation
11. Industry or business merchant
FATHER
12. Name Frank Adams
13. Birthplace Bulinger (City, town, or county) Lo (State or foreign country)
MOTHER
14. Maiden name Laura Lachance
15. Birthplace Madison (City, town, or county) Lo (State or foreign country)
16. (a) Informant Annie Adams
(b) Address Potosi
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2 1941 (Month) (Day) (Year)
(c) Place: burial or cremation New Diggins
18. (a) Signature of funeral director Sparks
(b) Address Potosi Mo
19. (a) 1-7-1942 (Date received local registrar) (b) Joseph L. Thurman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30 year 1941 hour 4 minute 30 a M.

21. I hereby certify that I attended the deceased from Dec 10, 1941, to Dec 30, 1941 that I last saw him alive on Dec 29, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis followed by

Due to Pneumonia

Due to chronic destruction

Other conditions (Include pregnancy within 3 months of death) Arthritis 7 or 8 yrs

Major findings:
Of operations
Of autopsy

Duration

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

23. Signature G. F. Cresswell (M. D. or other)
Address Potosi, Mo. Date signed 1/7/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 142-97

Date Filed 1-15-42

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 Everett Sparks

Licensed Embalmer No. 2639

P. O. Address Elwins 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.

V. S. No. 2B
50M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3977

Registration District No. 887 Primary Registration District No. 4538 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Potosi
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Everett Adams
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 4 (Day) 1912 (Year)
8. AGE: Years 29 Months 11 Days 26 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death Duration
Pneumonia lobar
Due to Following Endocarditis
Due to Following Chronic Arthritis
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 108
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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature G. F. Cresswell (M. D. or other)
Address Potosi Mo Date signed 7/1/42

SUPPLEMENTARY