

0. 2  
-45  
7-39  
K47070

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL RECORDS  
**FILED SEP 14 1946** THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28106**

Registration District No. 298 Primary Registration District No. 6024 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Callaway Mo.  
(b) City or town Elmira Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 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 \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Ray 89  
(c) City or town Elmira Rural  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Dannie Carl Adams  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug. day 2  
year 1946 hour 2:30 minute A. M.  
21. I hereby certify that I attended the deceased from Aug 2, 1946, to Aug 2 1946  
that I last saw him alive on Aug 2, 1946,  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced 6  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased: August 2 1946  
(Month) (Day) (Year)

Immediate cause of death Respiratory Failure  
Due to Premature - 7mo infant  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 15  
Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
1 hr. 20 min.  
9. Birthplace RED Elmira Mo.  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Emmett Adams 0  
13. Birthplace Novinger Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Fern Pohl 0  
15. Birthplace Elmira Mo  
(City, town, or county) (State or foreign country)  
16. (a) Informant Emmett Adams  
(b) Address Elmira Mo.  
17. (a) Burial (b) Date thereof Aug 2 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Elmira Mo  
18. (a) Signature of funeral director J.W. Morrow  
(b) Address Lawson Mo.  
19. (a) Aug 2 1946 (b) Miss Raymond Kroe  
(Date received local registrar) (Registrar's signature)

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 poison) (e) Means of injury 0  
23. Signature Walter E. Buchner (M. D. or other) 0  
Address Lawson Date signed Aug 2, 1946

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

**RECEIVED**  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 9-14-48

---

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.**