

Sanford
MORTUARYFull Name MR. AMOS ADAMS Age 88Community residence Rt #4 Box 227 - Burdick Ave.

located miles of

Died at o'clock M. on Thursday June 20, 1968Where died DOA - Florida Memorial Hosp.

located miles of

CAUSE OF DEATH—State how long ill and recent illness.

Where born Memph. Co. Ala. Mar. 2, 1880Father's name Jeff. Adams BirthplaceMother's name Mrs. Mary Ann Adams BirthplaceMoved to DeFuniak Spgs. post 20 years - in, 19....Occupation Farmer

Public offices held

Member of Assembly of God church at DeFuniak Spgs.

Other civic or fraternal organizations

Funeral conducted at 2:00 o'clock P.M. Sunday June 23, 1968from Lawson Chapel (home or church)Preacher in charge Rev. Claude Sauls - Larry Richards and Stalen LynnInterred at Magnolia Cemetery

Pallbearers

Funeral director

SURVIVORS — Close relatives—label them at left—Wife, Husband, Brother, Sister, Son or Daughter.

Wife: Mrs. Lula Adams of DeFuniakSons: Sanford of BentonHosier of DeFuniakFrank of " "Delmar of " "Virgil of " "5 Daughters: Mrs. Della Mae Sanders of Ozark, Ala.Mrs. Annie Mae Andrewartha of N. Arlington, N.J.Mrs. Irene Burkett of DeFuniakMrs. Maple Teal of Newberry, S.C.39 grandchildren of32 great grandchildren
4 great great grandchildren

\$ 37⁰⁰

Pull Beavers:

Mene Adams ✓

Toney Adams ✓

Ronald Hall ✓

Dorel Peterson ✓

Jimmy Seal ✓

Tan Price ✓

Music:

Thank note for
Adams



Modern Woodmen of America

LEGAL RESERVE LIFE INSURANCE

ROCK ISLAND, ILLINOIS 61201

ROBERT H. PLATT
National Secretary

June 29, 1972

Mr. James Griffith
611 519 Street
De Funiak Springs, Florida

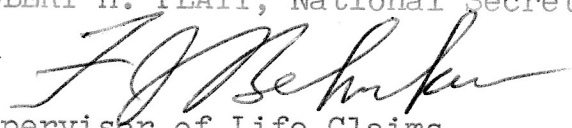
AMOS ADAMS

We made a thorough search of our membership records but did not find any evidence that Certificate No. 2638295 was in force at Mr. Adams' death.

As I previously informed you, our records are complete from 1952 to the present. Since we have no records of the certificate being in force, I can only inform you that the certificate lapsed previous to 1952 without values to the insured or the beneficiary.

ROBERT H. PLATT, National Secretary

By


Supervisor of Life Claims

27-16490-FJBSW

ROBERT H. PLATT, National Secretary
Modern Woodmen of America
Rock Island, Illinois 61201



Mr. James Griffith
611 519 Street
De Funiak Springs, Florida

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ed and Accepted Only Upon the Following Express Warranties, Conditions, and Agreements:

beneficiary society, incorporated, Illinois, and legally transacting business in the state where said member resides.

This Society made by the said is hereto attached, and in either the literal truth of such application, warranty and to form the only beneficiary or beneficiaries, the said application be not literally certificate is, and shall be, as to and void.

the warranties and agreements contained in and indorsed on said certificate, and also in consideration of the payments made by said member when accepted as a member in prescribed form, and his agreement to pay all assessments, dues, and that may become due or be levied during the time he shall remain a member of this society.

that the said certificate, Charter or Articles of Association, the By-laws of the Society, and the application for membership signed by the applicant, with all present and subsequent amendments to each thereof, shall constitute the agreement between the Society and the member; and any changes, additions, or amendments to said Charter or Articles of Association, and By-laws of the Society, enacted subsequent to the issuance of said certificate, including those relating to assessment rates, mortuary contributions, and grounds of forfeiture, shall be binding on the member and his beneficiary or beneficiaries, and shall govern and control the member in all respects in the same manner as if such changes, additions, or amendments had been made prior to and were in force at the time of the application for membership.

If payments due from the said member are not paid to the Clerk of the Camp of the Society, as the same now exist, or hereafter may be modified, amended, added to, or then said Benefit certificate shall be null and void, and shall so continue of no effect until payment shall be made, in accordance and compliance with the provisions of the By-laws of this Society in force at the time such payment is made.

If the member holding said Benefit certificate shall be expelled from this Society, or shall become intemperate in the use of intoxicating liquors, drugs, or narcotics; or shall die as a result of being superinduced by, or the cause thereof be traceable, directly or indirectly, to the use of intoxicating liquors, drugs, or narcotics; or if he is now engaged in the manufacture or sale of malt, spirituous, fermented, or any intoxicating liquors to be used as a beverage, in the capacity of proprietor, holder, agent, or servant; or if he shall, within one year after becoming a Beneficiary of this Society, die by his own hand (except by accident), whether sane or insane; or if his death shall occur in consequence of a duel, or in consequence of a personal altercation in which he shall have been the aggressor, or in consequence of any violation or attempted violation of law, or by the hands of his beneficiary or beneficiaries, sane or insane (except by accident); or if his said application for membership, or any part of it, shall be found in any respect untrue, then said Benefit certificate shall be null and void and all moneys which have been paid and all rights and benefits which may have accrued on account of said certificate, shall be absolutely forfeited to the Society and said certificate shall become null and void.

If the said member at any time after the issuance of said Benefit certificate, shall enter upon any of the prohibited or hazardous occupations mentioned in the By-laws of this Society, as the same now exist or hereafter may be modified, amended, added to, or enacted, the entrance into said employment shall extinguish or limit the liability of this Society upon said certificate in accordance with the By-laws thereof in force at the time of his death.

No officer of this Society, nor any local Camp, or officer, or member thereof, is authorized or permitted to waive any of the provisions of the By-laws of this Society which relate to the contract between the member and the Society, whether the same are now in force or hereafter enacted. Neither shall any knowledge or information obtained by, nor notice to any local Camp, or officer or member thereof, or by or to any other person, be held or construed to be knowledge of, or notice to the Society, or the officers thereof, until after said information or notice be presented in writing to the Head Clerk of the Society.

The furnishing to the Society through its Head Clerk, by the beneficiary or beneficiaries of the member holding said Benefit certificate of proofs of death and formal claim for benefits, in accordance and compliance with the By-laws of the Society in force at the time of the member's death, shall be a condition precedent to any liability, of any nature whatsoever, against the Society, and shall be a guaranty on the part of such beneficiary or beneficiaries that the statements therein contained are true. No action can or shall be maintained on said Benefit certificate unless brought within eighteen months from the date of the death of the member, nor until after such proofs of death and claim shall have been filed with the Head Clerk of the Society and acted upon by the Board of Directors thereof; provided, however, that if said proofs of death and claim are not so acted upon within one hundred and twenty days after the filing of such proofs of death and claim with the Head Clerk of the Society, an action may be brought, provided eighteen months have not expired since the death of the member.

Any printed copy of the By-laws of this Society, heretofore or hereafter enacted, duly certified by the Head Clerk of, and under the seal of, this Society, shall be admissible in evidence in any court wherein suit may be instituted in any case or proceeding between the member and the Society, or between his beneficiary or beneficiaries and the Society, and shall be prima facie proof that such By-laws were duly adopted by the Society at the time they purport to have been adopted and were in force from and after the date fixed therein for their going into effect, and until they shall have been shown to have been amended or repealed.

In the acceptance of said Benefit certificate in accordance with the provisions of the By-laws of the Society, the member agrees to and does hereby waive for himself, his beneficiary or beneficiaries, the privilege or benefit of any statute or law disqualifying any physician from testifying concerning any information obtained by him in a professional capacity, whether the same was necessary to enable such physician to prescribe or act for said member or not.

It is agreed that if the member holding said Benefit certificate shall be in suspension less than sixty days for nonpayment of assessments, dues or fines, and shall desire to reinstate by tendering and paying delinquent assessments, dues or fines, said member by such tender warrants that he is in good health at the time of making such tender, and that if in fact said member is not in good health at such time, the receiving of such assessments, dues or fines, shall not have the effect of reinstating such member, and said Benefit certificate shall remain null and void; nor shall the receipt or retention of any assessments, dues or fines, from such member after any such suspension, have the effect of reinstating him or constitute a waiver of any of the By-laws of the Society.

related to said member as

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and agreements contained in said member's application for Beneficial membership and in this certificate, and in the By-laws of this Society, as said By-laws now exist, or hereafter may be added to, modified, amended, or enacted, shall be fully complied with; and provided, further, that if any beneficiary named in this certificate shall die at the same time, or in a common disaster, or prior to the death of said member, or in the event of the disqualification of such beneficiary under the provisions of the By-laws of this Society, now in force, or as hereafter amended or enacted, and if such member shall have failed to have had another beneficiary named in the place and stead of such deceased or disqualified beneficiary, then the amount specified to be paid such deceased or disqualified beneficiary, under this Benefit certificate, shall be payable in accordance with the By-laws of this Society in force at the time of the death of said member.

This Benefit certificate is issued and accepted only upon the foregoing conditions and the express warranties, conditions, and agreements printed on the back of this certificate, there designated as "Conditions," and numbered from 1 to 12, inclusive, which said warranties, conditions, and agreements are hereby made a part of this Benefit certificate to the same effect and extent as if incorporated herein over the signatures hereto.

In Witness Whereof. The said Modern Woodmen of America has, by its Head Consul and Head Clerk, signed, and caused the corporate seal of said corporation to be affixed to this certificate, at the City of Rock Island, in the State of Illinois, this 22nd day of December, 1919.

W. D. ... Head Clerk.

A. R. Talbot Head Consul.

Member adopted

day of

Jan, 1920

and Certificate delivered this

day of

Jan, 1920

J. C. ... Clerk.

..., Consul.

Maple Leaf

Camp, No. *16490*, M. W. of A.

I have read, and hereby accept, the above Benefit certificate, and agree to all the conditions therein contained and referred to. I hereby warrant I am now in good health. I agree and understand that this certificate is not binding upon the Society until signed by me, nor unless I am now in good health. I further expressly agree that in all matters affecting my relations to or with the Society, contractual or otherwise, that the Clerk of the local Camp, of which I am or may hereafter become a member, shall be my agent and not the agent of the Society.

...
(Signature of Member)

A copy of your application for membership is attached to this certificate—READ IT. If any answer or statement therein is not correct, notify the Head Clerk at once.

1
Modern Woodmen of America.
186-6481 — Rock Island, Ill.
Claims Department

No. _____

Am _____

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A FRATERNAL
BENEFICIARY SOCIETY

IMPORTANT

The member is especially admonished to make prompt payment of assessments and dues. An assessment and dues are due on or before the last day of each month without notice thereof.

CHANGE OF AMOUNT OR BENEFICIARY

I, _____, the member to whom this Benefit certificate was issued, do hereby surrender same and request the cancellation thereof, and direct that a new Benefit certificate shall be issued in lieu thereof, upon the conditions and subject to all the provisions contained in my original application for membership and the Articles of Association and the By-laws of this Society, payable as follows:

\$ _____	to _____	(Full name of beneficiary very plainly.)	(Residence.)	, State _____	(Relationship.)
\$ _____	to _____	(Full name of beneficiary very plainly.)	(Residence.)	, State _____	(Relationship.)
\$ _____	to _____	(Full name of beneficiary very plainly.)	(Residence.)	, State _____	(Relationship.)
\$ _____	to _____	(Full name of beneficiary very plainly.)	(Residence.)	, State _____	(Relationship.)

(Member sign on this line.)

Signed in my presence at _____, State or Province of _____

this _____ day of _____, 19 _____

Clerk of Camp No. _____, M. W. of A.

(In case the foregoing, for any reason, can not be attested by the Clerk of the member's Camp, same must be executed before a Notary Public, who should attach a certificate of acknowledgment in usual form.)

NOTE—This blank may be used for a change of beneficiary for the same amount of benefits as is provided in this certificate, or for a less amount. If the member desires to increase the amount of his Benefit certificate a new application and medical examination must be furnished on the regular form of application blank. The fee for a change of beneficiary is 50 cents, 25c of which is retained by the local camp, and 25c of which must be forwarded to the Head Clerk with the request for change of beneficiary. A change of beneficiary is not in effect until a new certificate is issued by the Head Clerk within the member's life time.

IMPORTANT

The member is especially admonished to make prompt payment of assessments and dues. An assessment and dues are due on or before the last day of each month without notice thereof.

MODERN WOODMEN OF AMERICA

A FRATERNAL BENEFICIARY SOCIETY



6216026

No. _____

MEMBER

Amos Adams.

Amount \$ _____

RECEIPT OF BENEFICIARY

\$ _____, 19 _____

Received of MODERN WOODMEN OF AMERICA, a Fraternal Beneficiary Society,

_____ DOLLARS,

in full payment, satisfaction, and settlement of all benefits due and payable under the within Benefit certificate, by reason of the death of the member named and described therein, in consideration whereof the said Benefit certificate is hereby canceled and surrendered to the said Society, there being no further claim or liability thereunder.

Signed in our presence by said beneficiaries, whom we identify and know to be the beneficiaries named in the foregoing certificate.

No. 2038295

Age 36

Amount \$ 1000

Rate \$1.40

BENEFIT CERTIFICATE



MODERN WOODMEN OF AMERICA

A FRATERNAL BENEFICIARY SOCIETY

INCORPORATED, ORGANIZED, AND DOING BUSINESS UNDER THE LAWS OF THE STATE OF ILLINOIS.

It Is Hereby Certified, That Neighbor AMOS ADAMS

a member of Camp No. 16490, of Modern Woodmen of America, located at Bellwood, Alabama

if he shall pay Benefit Fund assessments in accordance with the provisions of the existing By-laws of this Society, or as such By-laws hereafter may be changed, added to, or amended, is, while in good standing, entitled to the privileges of this Society, and his beneficiary or beneficiaries, hereinafter named, shall, in case of his death, while a Beneficial member of this Society in good standing, be entitled to participate in the Benefit fund of this Society to the amount of

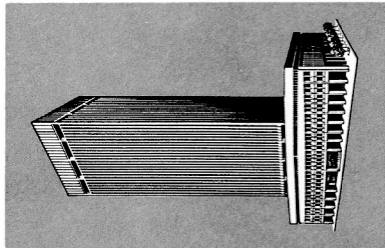
ONE (1) THOUSAND

DOLLARS,

without interest, to be paid to said beneficiary or beneficiaries, to wit:

**WOODMEN OF THE WORLD
LIFE INSURANCE SOCIETY**

JAMES T. GRIFFITH 892-3487
Field Representative
611 South 19th Street
De Funiak Springs, Florida 32433



*Mr. Amor Adams
Cert. # 7638285
Modern Woodmen of America*