

FILED FEB 18 1941

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

3902

Do not use this space.

## 1. PLACE OF DEATH

(a) County PlatteRegistration District No. 167(b) Township LeePrimary Registration District No. 5921(c) City East Leavenworth(d) Street No. 82

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred

yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JOHN GEORGE ADAMS(a) Residence, No. East Leavenworth, Mo.St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed.

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Lilly Hellman

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

12/22/1857

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

83115

## OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

## FATHER

## 13. NAME

Unknown

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

## MOTHER

## 15. MAIDEN NAME

Unknown

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown.

## 17. INFORMANT (ADDRESS)

Geo. Adams

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Green Cemetery DATE 2/8/1941

## 19. FUNERAL DIRECTOR (NAME) (ADDRESS)

L. F. Rollins  
Platte City, Mo.

## 20. FILED

2/81941Ms. A. E. Fairland  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/6/194122. I HEREBY CERTIFY, That I attended deceased from 1930, to 2-6-, 1941I last saw him alive on 2-4-, 1941. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cardio-renal disease1939

Other contributory causes of importance:

Chronic mitral insufficiency?  
Chronic nephritis?Name of operation noDate of noWhat test confirmed diagnosis? ✓Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19no

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify

(Signed) J. R. Combs(Address) Leavenworth, Mo.

M. D.

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, .....

*E. Benjamin Cast*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*E. Benjamin Cast*

Licensed Embalmer No. ....

*4059*

P. O. Address .....

*Platte City, 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, above space should be left blank.