

Registration District No. 85

Primary Registration District No. 1001

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

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

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan //
 (c) City or town St. Joseph, Rural 0
(If outside city or town limits, write "RURAL") 0
 (d) Street No. R. R. # 3
(If rural, give location) /
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Gene Milton Adams

3. (b) If veteran, name war _____ 3. (c) Social Security No. 11018

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased MARCH 28, 1940
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>1</u>	<u>7</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Walter S. Adams

13. Birthplace Louisville Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Genevieve Marie Metz

15. Birthplace St. Joseph Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Walter S. Adams

(b) Address R. R. # 3, St. Joseph, Mo.

17. (a) Burial (b) Date thereof Nov. 27, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cem

18. (a) Signature of funeral director Frank Clark
(b) Address 5025 King Hill Ave.

19. Nov 26, 1941 (b) H. J. Nestlebury
(Date received local registrar) (Registrar's signature)

85 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 1941 hour 1 minute 15 a. M.

21. I hereby certify that I attended the deceased from Nov 25, 1941, to Nov 26, 1941;
that I last saw him alive on Nov 26, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Acidosis - non-diabetic /week
Duration
Due to: Acute Infectious Diarrhea 2 wks

Due to: _____

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

Major findings: None 2
Of operations: 119a
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) (f) Means of injury _____

23. Signature Dr. Roger Moore (M. D. or other) M. D.
Address St. Joseph Mo Date signed Nov 26
1941

DEC 12
DEC 12 1941

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 11/26/41
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Carl P. Clark*.....

Licensed Embalmer No. 4238.....

P. O. Address St. Joseph, 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.