

FILED FEB 10 1942 STANDARD CERTIFICATE OF DEATH

State File No. 1679

Registrar's No. 10

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County St. Joseph
(b) City or town St. Joseph
(c) Name of hospital or institution State Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs 7 mos
(Specify whether years, months or days)
In this community 2 yrs 7 mos

3. (a) PRINT FULL NAME

Susie Adams

3. (b) If veteran, name war -

3. (c) Social Security No. none

4. Sex Female 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 alive 9 years
7. Birth date of deceased 9 (Month) 1880 (Day) (Year)

8. AGE: about 62 Years Months 9 Days 9 If less than one day hr. min.

9. Birthplace Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business -

12. Name Unknown

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

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant State Hospital #2

(b) Address St. Joseph Mo

17. (a) Burial (b) Date thereof 1/8/42 (Month) (Day) (Year)

(c) Place: burial or cremation St. Hospital Cemetery

18. (a) Signature of funeral director John E. Crump

(b) Address 6054 Pryor Ave. St. Joseph

19. (a) 1/8/42 (b) J. Keeth (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. Jackson County Home (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3rd year 1942 hour 10:10 minute 0 M.

21. I hereby certify that I attended the deceased from Oct 6 1941, to January 3 1942
that I last saw her alive on January 3 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Bronchopneumonia
With cerebral arteriosclerosis

Due to Smoking

Due to -

Other conditions 101
(Include pregnancy within 3 months of death)

Major findings: Of operations -

Of autopsy -

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) (e) Means of injury 0

23. Signature RBT Sweany (M. D. or other) MD
Address State Hospital #2 Date signed 1-4-42

(Licensed Embalmer's Statement on Reverse Side) ST. JOSEPH

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

MOTHER FATHER

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.....
Body was not embalmed ~~by~~....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John E. Rupp
Licensed Embalmer No. 3986

6054 Pryor Ave.,
P. O. Address St. Joseph, Missouri

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.