

FILED APR 1 1942

Registration District No. _____

Primary Registration District No. 1001

Registrar's No. 347

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:
2809 St Joseph Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 57 years years, months or days)

3. (a) PRINT FULL NAME Katherine McDougal Adams

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, 2 divorced Widowed
6. (b) Name of husband or wife Dr T.W. Adams 6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased Jan ? 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days ? If less than one day
hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Anderson

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

14. Maiden name Nancy Black

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

16. (a) Informant Ralph Sawyer

(b) Address St Joseph Mo

17. (a) Burial (b) Date thereof Apr 21 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int Auburn

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address St Joseph Missouri

19. (a) 3-31-1942 (b) H. J. Nuttleman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 011
(c) City or town St Joseph 7
(If outside city or town limits, write "RURAL")
(d) Street No. 2809 St. Joseph Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 31
year 1942 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 2-1942
March 31 1942
that I last saw her alive on March 30 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Artery myocardial infarction

Due to Hypertension ?

Due to Arthritis ?

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

Major findings: Of operations 932

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? _____

While at work? (Specify type of place) _____ (e) Means of injury _____

23. Signature Leroy Beck MD M.D. or other _____

Address Kingsbill Bldg 105504 Date signed 3/31/42

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.....

March 31 1942, Registered Apprentice No.....
working under my personal supervision.

Signed

John H. Hurley

Licensed Embalmer No. 4050

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.