

FILED OCT 13 1942  
Registration District No. 12

Primary Registration District No. 1000

Registrar's No. 893

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: 511 Main  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Ten years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 102 North 2nd Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Charles Jackson Adams

3. (b) If veteran, name war  
3. (c) Social Security No. 491-10-9066

4. Sex Male, race White  
5. Color White  
6. (a) Single, widowed, married, divorced Single  
6. (c) Age of husband or wife if alive, years

7. Birth date of deceased December 15, 1870  
(Month) (Day) (Year)

8. AGE: Years 71, Months 8, Days 30  
If less than one day hr. min.

9. Birthplace Burlington Junction, Missouri  
(City, town or county) (State or foreign country)

10. Usual occupation Night Watchman for Matney Coal Co

11. Industry or business Unknown Adams

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

14. Maiden name Unknown  
15. Birthplace Hannibal, Missouri  
(City, town or county) (State or foreign country)

16. (a) Informant Social Security Records  
(b) Address 10th & Olive Street

17. (a) Burial (b) Date thereof Sept. 18, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director W. F. R. Sidenfaden  
(b) Address 602 So 10th St

19. (a) 9-16-42 (b) A. E. Hering  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, day 14th, year 1942, hour 8, minute 30 A.M.

21. I hereby certify that I attended the deceased from on Sept. 14th 1942 to 19...  
that I last saw him alive on 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death: Congestive Heart Failure, Edema of the lungs, Due to Chronic Alcoholism  
Duration: 1 day, 3 days, 1 yrb.

Other conditions: Man died suddenly following three days of shortness of breath, cough, and profuse expectoration. Of operations: No. Of autopsy: No.  
Man had been drinking heavily.

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)

23. Signature H. F. Mundy, Coroner  
Address 404 So 3rd St, Date signed 9/14/42

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

11-17

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

Signed Mollie E. Sidenfaden  
Licensed Embalmer No. 42325  
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.**