

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 23 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33193

State File No.

Registrar's No. 782

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(c) Name of hospital or institution: State Hospital # 2
(d) Length of stay: In hospital or institution 1 yr - 1 mo - 16 da
In this community land years, months or days

3. (a) PRINT FULL NAME Adeline Adams

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced, Separated
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 52 Months — Days — If less than one day hr. — min. —

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

10. Usual occupation Unknown

11. Industry or business Unknown

MOTHER FATHER { 12. Name Joseph Des.
13. Birthplace Italy (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Italy (City, town, or county) (State or foreign country)

16. (a) Informant State Hospital Records
(b) Address St Joseph Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 19, 42 (Month) (Day) (Year)
(c) Place: burial or cremation School of Embalming

18. (a) Signature of funeral director Sumner P. Boyle
(b) Address Richville Mo
19. (a) 9-19-42 (Date received local registrar) (b) Rose Huzar (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 3848 Brookline (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 Sept day 18 year 1942 hour 2 minute 10 P M.
21. I hereby certify that I attended the deceased from not in attendance patient was in state hospital that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma uterus
2 metastases
Due to metastatic deficiency
Due to 186

Other conditions (Include pregnancy within 3 months of death) 186
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 —
23. Signature Adeline Adams (M. D. or other) 0
Address St Joseph Mo Date signed 9/23/42

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.