

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 5 1942

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36666  
Registrar's No. 1148

Registration District No. 42

Primary Registration District No. 1000

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:  
Nursing Home, 72018 Francis Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Week  
(Specify whether  
In this community 70 Years  
years, months or days)

3. (a) PRINT FULL NAME William Freemont Adams

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Amenda Adams 6. (c) Age of husband or wife if alive 6 years 1864  
7. Birth date of deceased December (Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 3 If less than one day hr. min.

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

10. Usual occupation Garment Cutter (Retired)

11. Industry or business Factory

12. Name William R. Adams

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

14. Maiden name Rachel Moore

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

16. (a) Informant John D. Adams (Brother)

(b) Address 29th. & Pear St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 11/11/1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Walter Miller Hoffer

(b) Address 13th. & Farnon St., St. Joseph, Mo.

19. (a) 11-11-42 (b) Rae Henry (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3010 Locust Street  
(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 November day 9th.  
year 1942 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from 10-12  
1942 to 11-2 1942  
that I last saw him alive on 11-2 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure  
Duration

Due to Chronic Rheumatism  
Endocarditis & Mitral Stenosis

Due to 92C  
Other conditions (Include pregnancy within 3 months of death)

Major findings: None  
Of operations

Of autopsy None  
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) (c) Means of injury

23. Signature Harold J. Brimmer (M. D. or other)  
Address St. Joseph, Mo. Date signed 11/10/42

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

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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

*Geo E Daniel*

Licensed Embalmer No. 3300 Missouri

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.**