

FILED DEC 28 1942

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **4726**

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City Mo.**
 (c) Name of hospital or institution:
605 East 56th, Street. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **None**
 In this community **17 yrs.**
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City Mo.**
 (d) Street No. **605 East 56th, Street.**
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME **Charles D. ADAMS.**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ann D. Adams** 6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **June 16 1896**
(Month) (Day) (Year)

8. AGE: **66** Years **6** Months **1** Days If less than one day
 .hr. .min.

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

10. Usual occupation **Lumberman**

11. Industry or Business

MOTHER FATHER
 12. Name **James Adams**
 13. Birthplace **Memphis Tenn** (City, town, or county) (State or foreign country)
 14. Maiden name **Adair Rhodes**
 15. Birthplace **Tennessee** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ann D. Adams.** (b) Address **605-East 56th, Street.**

17. (a) **Burial** (b) Date thereof **12/19/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Melody-McGilley.**

(b) Address **K. C. Mo.**

19. (a) **12/19/42** (b) **M. H. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **17th**
year **1942** hour minute M.

21. I hereby certify that I attended the deceased from **Sept 14** 19**42** to **Dec 16** 19**42**
that I last saw him alive on **Dec 16** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death
Abscess of kidney + general toxemia

Due to **133B'**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations **none**
 Of autopsy

Duration

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) (e) Means of injury

23. Signature **M. H. Crowe** (M. D. or other) **12/18/42**
Address **1903 Sharp Bldg** Date signed

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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.....

J. H. Payne

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.