S. No. 2
OM—5-42
y. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 30 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 928

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 246

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Cresthaven Convalescent Home, 3516 Summit St. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 Days (Specify whether
In this community 53 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 311 Brush Creek Blvd.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country -- 0

3. (a) PRINT FULL NAME Mrs. Florence Wilson Adams

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Dustin Adams

6. (c) Age of husband or wife if alive ------ years

7. Birth date of deceased June (Month) 1849 (Day) (Year)

8. AGE: Years 93 Months 7 Days If less than one day hr. min.

9. Birthplace Angelica (City, town, or county) New York 1 (State or foreign country)

10. Usual occupation None

11. Industry or business At Home

FATHER
12. Name Amasa Banks Wilson
13. Birthplace Unknown (City, town, or county) New York 1 (State or foreign country)

MOTHER
14. Maiden name Rosanne Sanborn
15. Birthplace Unknown (City, town, or county) New York 1 (State or foreign country)

16. (a) Informant Miss Mina Adams

(b) Address 311 Brush Creek Blvd.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Jan. 18, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation D.W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 1-18-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16
year 1943 hour 6 minute 50 P M.

21. I hereby certify that I attended the deceased from Jan 2, 1943, to Jan. 16, 1943
that I last saw her alive on Jan 16, 1943, 19
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bilateral Pneumonia	24 hrs
Due to 108	
Due to	
Other conditions Cerebral Hemorrhage (right) (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. M. Frankenberg (M. D. or other)
Address 9 W. Grand Avenue Date signed Jan 18, 1943

(Licensed Embalmer's Statement on Reverse Side)

Dr J. M. Frankenburg
~~Prentice Blvd~~
St. Joseph Hosp

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.