

FILED FEB 10 1943

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 444

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: K. C. General Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
(Specify whether
 In this community since 1917
years, months or days)

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. 1620 Central
(If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country x

3. (a) PRINT FULL NAME Adam Jonah Edds.
 3. (b) If veteran, name war no.
 3. (c) Social Security No. no.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife Unknown
 6. (c) Age of husband or wife if alive Unknown years
 7. Birth date of deceased November 19 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 2 68 hr. min.

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

10. Usual occupation Retired,

11. Industry or business x

12. Name Harrison Edds,

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

14. Maiden name Sarah Ann Copland,

15. Birthplace North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lelia Edds,

(b) Address 1620 Central, Kansas City, Mo.

17. (a) Burial (b) Date thereof 1-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Stine & McClure,
 (b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-28-43 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25th
 year 1943 hour 12 Midnight minute M.

21. I hereby certify that I attended the deceased from 1-22-43, 19, to 1-25-43, 19;
 that I last saw him alive on 1-25-43, 19;
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial infarction

Due to gita

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See above

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(City or town) (County) (State)

While at work? (Specify type of place) (e) Means of injury

23. Signature Wm. R. Thon (M. D. or other)

Address Med. Dir. K. C. General Hospital Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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. 1415

P. O. Address 15 E. 2nd St

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.