7. S. No. 2
0M—5-42
5-17-39

FILED MAR 20 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1154

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: Rodney Milling Company-1550 West 29th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: -
In this community: 22 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State: Kansas (b) County: Wyandotte 14

(c) City or town: Kansas City 0
(If outside city or town limits, write "RURAL")

(d) Street No.: 1914 South 12th Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: - 2

3. (a) PRINT FULL NAME: Mr. Raymond Edwin Adams

3. (b) If veteran, name war: World War I

3. (c) Social Security No.: 495-03-7705

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mrs. Florence Adams

6. (c) Age of husband or wife if alive: 48 years

7. Birth date of deceased: August (Month) 13 (Day) 1895 (Year)

8. AGE: Years 47 Months 6 Days ~~25~~ 24 If less than one day ____ hr. ____ min.

9. Birthplace: (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: Car Cooper

11. Industry or business: Western Weighing & Inspect. Bureau

FATHER
12. Name: Frank Adams
13. Birthplace: (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name: Lora Knight
15. Birthplace: (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant: Mrs. Ray Adams
(b) Address: 1914 So 12 K.C. Kans.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Mar. 8, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Bourbon, Missouri

18. (a) Signature of funeral director: D. H. Newcomer Sons
(b) Address: 1401 Brush Creek Blvd.

19. (a) 3-8-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th year 1943 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from ____ 19____ to ____ 19____; that I last saw h. Deputy Coroner ____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Ruptured Aortic Aneurism — Duration

Due to: 30 D

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:
Of autopsy: See Above

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: A. E. Gosker (M. D. or other) M.D.
Address: 23 E. McCoy Date signed: 8/7/43

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

(Licensed Embalmer's Statement on Reverse Side)

MAR 22 1943

APR 9 1945

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 C. Hervey Rosenberg

Licensed Embalmer No. 4070

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.