

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13670

State File No.

Registrar's No.

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 hrs
(Specify whether
In this community
years, months or days)

3. (a) PRINT
FULL NAME

Mary Fry Adams

3. (b) If veteran,
name war

No

3. (c) Social Security
No. ---

4. Sex F

5. Color or race W

6. (a) Single, widowed, married,
divorced W

6. (b) Name of husband or wife

Q. Adams

6. (c) Age of husband

May 1879

7. Birth date of deceased

May 1879

35

8. AGE:

Years

Months

Days

If less than one day

63

7

28

hr. min.

9. Birthplace

Mo
(City, town, or county)

0
(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

Abraham F. Fry

13. Birthplace

Ky
(City, town, or county)

1
(State or foreign country)

14. Maiden name

Emma Simpson

15. Birthplace

Mo
(City, town, or county)

0
(State or foreign country)

16. (a) Informant

Mr. M. R. Kirk

(b) Address

Plattsburg, Mo

17. (a)

Burial
(Burial, cremation, or other)

(b) Date thereof

3-27-43
(Month) (Day) (Year)

(c) Place: burial or cremation

Greenwood

18. (a) Signature of funeral director

Plattsburg

(b) Address

St. Martin

19. (a)

3-27-43
(Date received local registrar)

(b)

Plattsburg
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clinton
(c) City or town Plattsburg
(If outside city or town limits, write "RURAL")
(d) Street No. ---
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1943 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from
March 25, 1943, to March 26, 1943;
that I last saw him alive on March 26, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death
Arteriosclerosis general
Arteriosclerotic heart disease

Due to

Due to

Other condition
(Include pregnancy within 3 months of death)
Coronary Thrombosis

Major findings:
Of operations 930

Of autopsy

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 Dr. Senior M. J. (M. D. or other)

Address St. Joseph Mo Date signed 3-26-43

(Licensed Embalmer's Statement on Reverse Side)

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

James L. Martin

Licensed Embalmer No. *4303*

P. O. Address *Plattsburgh, N.Y.*

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.