

FILED DEC 6 1943
Registration District No. 2

Primary Registration District No. 1000

37745
1228

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

1. PLACE OF DEATH:

(a) County... Buchanan
St. Joseph

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

(c) Name of hospital or institution...
1010 Henry St., City

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 3 months /
Lifetime (Specify whether years, months or days)

3. (a) PRINT FULL NAME Cordelia Jane Adams

3. (b) If veteran, No name war

3. (c) Social Security No. none

5. Color or race: Female White

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

6. (b) Name of husband or wife... William J.

6. (c) Age of husband or wife if alive, 1870 years

7. Birth date of deceased: February 10, 1870 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	8	23	hr. min.

9. Birthplace: Severence, Kansas (City, town, or county) (State or foreign country)

10. Usual occupation: Housekeeper

11. Industry or business: Home

MOTHER FATHER

12. Name: Jacob Mulkey

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

14. Maiden name: Jane White

15. Birthplace: Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. R.A. Wood (Daughter)

(b) Address: 1010 Henry St./ St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof: 11/5/43 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Nora Cemetery

18. (a) Signature of funeral director: John E. Ruppel

(b) Address: 5054 Frye Ave., City

19. (a) 11-5-43 (Date received local registrar)

(b) Rose Henry (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan 11

(c) City or town: St. Joseph 1

(d) Street No.: 1010 Henry St. 7 (If outside city or town limits, write "RURAL")

(e) Citizen of foreign country? No (If rural, give location) (Yes or No)

If yes, name country: D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3rd year 1943 hour 4 minute 15 M.

21. I hereby certify that I attended the deceased from Aug. 1943 to Nov 3rd 1943

that I last saw h... alive on Nov 1 1943

and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombus

Duration: 1 wa

Due to: Cholesterol Dis

Unknown

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

9502

PHYSICIAN

Major findings: Of operations

Of autopsy

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?

23. Signature: J.R. ... (M. D. or other)

Address: 234 ... St. Joseph, Mo.

Date signed: 11/4/43

1233

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 _____

John E. Rupp

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.