

FILED JAN 5 1949
 Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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

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 1320 Harrison
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution XX (Specify whether
 In this community 50 years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME MRS. ALICE J. ADAMS
 (b) If veteran, name war XX (c) Social Security No. NO

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mr. Jesse E. Adams 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased: March 25 1867
 (Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 20 If less than one day
 .hr. .min.

9. Birthplace Mo. 0 (City, town, or county) (State or foreign country)
 10. Usual occupation At Home

11. Industry or business
 12. Name David Alexander
 13. Birthplace No Record 9 (City, town, or county) (State or foreign country)
 14. Maiden name " " 9
 15. Birthplace " " 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Jesse E. Adams
 (b) Address 1320 Harrison
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-43 (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park
 18. (a) Signature of funeral director J. M. Wagner
 (b) Address Kansas City, Mo.
 19. (a) 12-20-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1320 Harrison 8
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 15
 year 1943 hour 4: minute 40 P M.
 21. I hereby certify that I attended the deceased from Reputy Coroner 19. ;
 to 19. ;
 that I last saw him alive on 19. ;
 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease
 Due to Arteriosclerotic Heart Disease
 Due to Arteriosclerotic Heart Disease
 Other conditions (include pregnancy within 3 months of death)
 Major findings: Of operations
 Of autopsy Inspection and history

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?
 While at work? (Specify type of place) (c) Means of injury
 23. Signature D. E. Brown (M. D. or other) 07 M. D.
 Address 23 Mc Cleary Date 12/19/43

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..... *A. R. Hainschell*

Licensed Embalmer No. *4159*

P. O. Address *Kansas City 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.