

**FILED AUG 9 1944**

State File No. \_\_\_\_\_

Registration District No. 197

Primary Registration District No. 1002

Registrar's No. 3075

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: 622 BENTON BLVD.  
DELORA HOME FOR ELDERLY PEOPLE  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 10 MONTHS  
 (Specify whether years, months or days)  
 In this community 1 YEAR 5

2. USUAL RESIDENCE OF DECEASED:  
 (a) State IOWA (b) County POLK 48  
 (c) City or town DES MOINES 3  
 (If outside city or town limits, write "RURAL") 8  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRANK L. ADAMS  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. 708-1017544

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month JULY day 23 <sup>RD</sup>  
 year 1944 hour 6 minute 45 P.M.

4. Sex MALE 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced WIDOWED  
 6. (b) Name of husband or wife MRS. MAUD ADAMS  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased AUGUST 27 1872  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 14 1944 to July 23 1944  
 that I last saw him alive on July 14 1944  
 and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 10 Days 27 If less than one day 26 hr. \_\_\_\_\_ min.

Immediate cause of death Carcinoma involving sigmoid  
 Due to lymph 6.740

9. Birthplace PATCH GROVE WISCONSIN  
 (City, town, or county) (State or foreign country)

Other conditions 462  
 (Include pregnancy within 3 months of death)

10. Usual occupation RETIRED RAILROAD MAN

Major findings:  
 Of operations Cancer of sigmoid  
 Of autopsy no

MOTHER FATHER  
 11. Industry or business ROCK ISLAND R.R.  
 12. Name LAWRENCE ADAMS  
 13. Birthplace UNKNOWN WISCONSIN  
 (City, town, or county) (State or foreign country)  
 14. Maiden name UNKNOWN  
 15. Birthplace UNKNOWN WISCONSIN  
 (City, town, or county) (State or foreign country)

16. (a) Informant MRS. FREDIA EDWARDS  
 (b) Address 4329 GARFIELD AVENUE  
 17. (a) BURIAL (b) Date thereof JULY 27 1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation ELMWOOD CEMETERY

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) no  
 (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 \_\_\_\_\_

18. (a) Signature of funeral director W.H. Newcomer Iowa  
 (b) Address 1401 BRUSH CREEK BLVD.  
 19. (a) 7-26-44 (b) N.E. Brown  
 (Date received local registrar) (Registrar's signature)

23. Signature W.H. Newcomer (M. D. or other)  
 Address 622 BENTON BLVD Date signed 7-26-44

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

861

John D. ...  
Greenstein Bldg. 6 E. 11 St.  
City Hall

**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.....

.....  
working under my personal supervision.

..... Registered Apprentice No. ....

Signed *E. Oscar Hordley*

Licensed Embalmer No. 1767

P. O. Address Kansas City

**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.**