

S. No. 2
M-8-43
1-17-39
X37823

FILED OCT 2 1944
Registration District No. **199**

Primary Registration District No. **1002**

Registrar's No. **3801**

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:
1422 1/2 Campbell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 31 years
In this community 31 years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Arthur Adams
3. (b) If veteran, name war no
3. (c) Social Security No. 495-05-788

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha Adams
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased July 3 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>2</u>	<u>15</u>	hr. _____ min.

9. Birthplace Huntingdon Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenters helper

11. Industry or business _____

MOTHER FATHER
12. Name Isiurus Adams
13. Birthplace Huntingdon Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Jones
15. Birthplace Huntingdon Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Adams
(b) Address 1226 Oakland, K.C., Kan.

17. (a) Buial (b) Date thereof 9-21-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director E. Sterling Bills
(b) Address 1212 Vine ST., K.C. Mo.

19. (a) 9-21-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1422 1/2 Campbell
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country U

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 18th day Sept
year 1944 hour 11⁴⁰ minute _____ M.
21. I hereby certify that I attended the deceased from June 13
1944 to Sept 18, 1944
that I last saw h. _____ alive on Sept 18, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocardial Insufficiency
Postio Intestinal Crisis
Syphilitic
Due to _____
Duration 14 days
2 yrs
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations 30%
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? _____

While at work? _____ (Specify type of place)
(c) Means of injury 0
23. Signature M. H. Steffer (M. D. or other)
Address 1701 Jackson Ave Date signed 9/21/44

311 (Licensed Embalmer's Statement on Reverse Side)

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 E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., K.C. 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.