. S. No. 2
OM—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 17 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1142

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 57

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St. Joseph Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether

In this community 11 du 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24

(c) City or town Liberty 1 (If outside city or town limits, write "RURAL")

(d) Street No. 432 W. Franklin (If rural, give location)

(e) Citizen of foreign country? no 1 (Yes or No)

If yes, name country no

3. (a) PRINT FULL NAME Kitty Mae Green

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Fe 1

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

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

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased May (Month) 18 (Day) 1869 (Year)

8. AGE: Years 75 Months 75 Days ~~39~~ 98 If less than one day hr. min.

9. Birthplace Mill Grove Township (City, town, or county) Ind (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Isaac Wm. Adams
13. Birthplace Battle Creek (City, town, or county) Mich (State or foreign country)

MOTHER
14. Maiden name Mary Elizabeth Peterson
15. Birthplace Sogan Co. (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Victor E. Immenger

(b) Address Liberty Mo

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 1-6-45 (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Mo

18. (a) Signature of funeral director Terrace Hill Funeral Home

(b) Address Liberty Mo

19. (a) 1-6-45 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6 year 1945 hour 11 minute 30 A M.

21. I hereby certify that I attended the deceased from Dec 26, 1944, to Jan 6, 1945, that I last saw her alive on Jan 6, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Topic myocarditis	12/26/45
Due to	
Due to Bronchopneumonia	12/26/45
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 43 a	
Of autopsy	

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature [illegible] (M. D. or other)

Address [illegible] Professional Bldg Date signed 1/6/45

(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 .....

..... Self ....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Victor E. Imminger

Licensed Embalmer No. 2896

P. O. Address Liberty, 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.