

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2390

Registration District No. 151

Primary Registration District No. 5573

Registrar's No. 19

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Blue Springs - Rural
(c) Name of hospital or institution: Smabar top. 1 mile north.
(d) Length of stay: In hospital or institution 1
In this community 44 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Blue Springs - Rural
(d) Street No. mi north.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Georgia S. Adams
3. (b) If veteran, name war - 3. (c) Social Security No. -

20. DATE OF DEATH: Month Dec day 24 year 1944 hour 2:30 minute P.M.

4. Sex Fml. 5. Color or race w. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Arthur S. Adams 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Aug 24 1900

21. I hereby certify that I attended the deceased from Dec 22 1944 to Dec 24 1944 that I last saw her alive on Dec 22 1944 and that death occurred on the date and hour stated above. Immediate cause of death Carcinoma of P. Breast

8. AGE: Years 44 Months 4 Days 0 hr. min.

Due to X General Months

9. Birthplace Blue Springs Mo

Due to X 50

10. Usual occupation

Other conditions X

11. Industry or business House wife
12. Name G. Smith
13. Birthplace Glass, Missouri
14. Maiden name Rose Robinson
15. Birthplace Blue Springs Mo

Major findings: Of operations X Of autopsy X

16. (a) Informant A. S. Adams (b) Address Blue Springs Mo

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof 12-26-44 (c) Place: burial or cremation Blue Springs Mo

(a) Accident, suicide, or homicide (specify) (b) Date of occurrence (c) Where did injury occur? (d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Mrs. G. D. Smith (b) Address Blue Springs Mo (c) Date received local registrar Dec 30 44 (d) Registrar's signature Mrs. John Lawson

23. Signature John W. Robertson (M. D. or other) Address Buckner Mo Date signed 12-26-44

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

800

MOTHER FATHER

PHYSICIAN Underline the cause to which death should be charged statistically.

JUL 25 1956

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 R. O. Webb

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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.