V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11[illegible]

FILED MAY 3 1945

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 1755

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: St. Luke's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community 51 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson,
(c) City or town Kansas City, 48
(If outside city or town limits, write "RURAL")
(d) Street No. 1406 West 50th Street, 3
(If rural, give location) 8
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Ralph L. Adams

3. (b) If veteran, name war no.

3. (c) Social Security No. 499-16-0506

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Pauline Adams

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

7. Birth date of deceased September (Month) 27 (Day) 1891 (Year)

8. AGE: Years 53 Months 6 Days 20 ~~27~~ If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Trust Officer

11. Industry or business Commerce Trust Company

FATHER
12. Name Harry A. Adams
13. Birthplace unknown, 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown,
15. Birthplace unknown, 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pauline Adams,
(b) Address 1406 West 50th St., Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-19-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1945 hour 4:45 minute A. M.

21. I hereby certify that I attended the deceased from April 9 1945, to April 17 1945; that I last saw him alive on April 16 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic Nephritis Congestive Heart Failure

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death) 131 B

Major findings:
Of operations
Of autopsy

Duration

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

23. Signature H. P. Boughman M.D. (M. D. or other)
Address K. C. 2 Mo. Date signed 4/18/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Boughnow

Plaza
2 P.M. Body

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address 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.