V. S. No. 2
00M—5-43
Rev. 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. 26313

FILED SEP 14 1945

Registration District No. 14 Primary Registration District No. 1002 Registrar's No. 3416

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospita. #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8-5-45/8-11-45 (Specify whether
In this community 33 years
years, months or days)

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. 1301 Woodland
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: DENVER ADAMS
3. (b) If veteran, name war: World War II
3. (c) Social Security No. 087-10-8090
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: March 29, 1912 (Month) (Day) (Year)
8. AGE: Years 33 Months 4 Days 13 If less than one day hr. min.
9. Birthplace: Kansas City, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Common Laborer
11. Industry or business:
MOTHER FATHER
12. Name: Robert Adams
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
14. Maiden name: Maggie Ricketts
15. Birthplace: Kansas City, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Record Clerk
(b) Address: General Hospital #2
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/15/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Lincoln Cemetery
18. (a) Signature of funeral director: Watkins Bros.
(b) Address: 1729 Lydia
19. (a) 8-15-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11 year 1945 hour 6:05 p.m. minute M.
21. I hereby certify that I attended the deceased from 8-5-45, 19, to 8-11-45, 19; that I last saw him alive on 8-11-45, 19; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Epidemic Cerebral Spinal Meningitis
Due to: meningococcic
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
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:
23. Signature: H. A. Brown M.D. (Official capacity)
Address: Gen. Hosp. #2, K. C., Mo. Date signed 8-14-45

(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.....

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

working under my personal supervision.

Signed L. J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.