

**FILED JAN 555 1946**

Registration District No.

Primary Registration District No. **3127**

Registrar's No. **124**

1. PLACE OF DEATH:

(a) County **Jasper**  
(b) City or town **Webb City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**302 N. Tom**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community **5 yrs.**  
years, months or days)

3. (a) PRINT FULL NAME **Lena Adams (Lena K. King)**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Sept. 13 1906**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**39 2 20** hr. min.

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

10. Usual occupation **House Work**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **John Hacker**  
13. Birthplace **no data Texas**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Josie Stephens**  
15. Birthplace **no data Iowa**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Josie Hacker (mother)**  
(b) Address **Webb City Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 8 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Park Cemetery**

18. (a) Signature of funeral director **Hedge-Lewis**

(b) Address **Webb City Mo.**

19. (a) **12/5/45** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**  
(c) City or town **Webb City Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **502 N. Tom**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **3rd.**  
year **1945** hour **II** minute **32** A. M.

21. I hereby certify that I attended the deceased from **Aug 29** 19**45** to **Dec 3** 19**45**  
that I last saw him alive on **Dec 3** 19**45**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Chronic Nephritis**

Due to \_\_\_\_\_  
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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature **[Signature]** (M. D. or other) **8 00**  
Address **[Signature]** Date signed **12/5/45**

MAY 22 1947

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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:

*Richard Gray Lewis*

Licensed Embalmer No. *4405*

P. O. Address. *Webb City, 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.