S. No. 2
M—5-43
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15747

Registration District No. FILED MAY 17 1946 Primary Registration District No. 1000 Registrar's No. 519

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4
Hobley Nursing Home 1823 N 2nd St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or Institution 11 mos
(Specify whether years, months or days)
In this community 11 mos

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38
(c) City or town Albany 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward Adams

3. (b) If veteran, name war no

3. (c) Social Security No. none

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

6. (b) Name of husband or wife Mahalia Lunsford

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

7. Birth date of deceased Dec (Month) 10 (Day) 1855 (Year)

8. AGE:

Years	Months	Days	If less than one day
90	4	21	hr. , min.

9. Birthplace Scott Co. (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER

12. Name Unknown

13. Birthplace (City, town, or county) Unknown (State or foreign country)

14. Maiden name "

15. Birthplace " (City, town, or county) " (State or foreign country)

16. (a) Informant Mrs Flax Miller

(b) Address Albany Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Albany Mo

18. (a) Signature of funeral director Albany Burial

(b) Address Albany Mo

19. (a) May 4 1946 (Date received local registrar) (b) O. J. Westlebrush (Registrar's signature) by V.H.

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month May day 1 year 1946 hour 9 minute 30a M.

21. I hereby certify that I attended the deceased from Feb 5 1946, that I last saw him alive on April 30 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
acute coronary thrombosis	1 hr
Due to chronic myocarditis	5 yrs
arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
(a) 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 W. M. Jacobs (M. D. or other)
Address St Joseph Mo Date signed 5/7/46

(Licensed Embalmer's Statement on Reverse Side)

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

14639

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... will be

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

working under my personal supervision.

Signed..... Clifford Burke

Licensed Embalmer No. 3329

P. O. Address..... Albany NH

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.