

FILED JUN 21 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 136

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 hrs.
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Michelle Kaye Adams

3. (b) If veteran, _____ Social Security
name war _____ No. _____

4. Sex Male 5. Color or race Can. 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased April 6 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months 1 Days 14 If less than one day
hr. _____ min. _____

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

10. Usual occupation baby

11. Industry or business _____

12. Name Serg. Bill Adams

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

14. Maiden name Nadine Wilson

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

16. (a) Informant Mrs. Fred Kepkin

(b) Address 601 Joplin St. - Salina, Kan.

17. (a) Removed (b) Date thereof 5-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director MILLER FUNERAL SERVICE

(b) Address Salina, Kansas

19. (a) 5/22/46 (b) Ed J. Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee
(c) City or town Salina
(If outside city or town limits, write "RURAL")
(d) Street No. 711 E. 7th Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 21
year 1946 hour 12:42 am minute _____ M.

21. I hereby certify that I attended the deceased from 5/16/46
_____, 19____, to 5/21/46, 19____;
that I last saw him alive on 5/21/46, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pyloric stenosis
marked dehydration &
starvation.
Due to unknown.

Due to _____

Other conditions 1578
(Include pregnancy within 3 months of death)

Major findings: very definite tumor
Of operations band around pylorus.
Of autopsy _____

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 kind of place)

While at work? _____ (e) Means of injury _____

23. Signature R. C. Chubb (M. D. or other) _____

Address 304 Trisco Bldg. Joplin, Mo. Date signed 5/22/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

19532

Dr. Newkirk.
Dt Det
46-5-481

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 Howard H. Miller

Licensed Embalmer No. Kansas 1971

P. O. Address Guthrie, 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.