

FILED AUG 12 1946

State File No. _____
893
Registrar's No. _____

Registration District No. 42 Primary Registration District No. 1000

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 St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 27 years
years, months or days)

3. (a) PRINT FULL NAME Ryan Adams

3. (b) If veteran, name war none 3. (c) Social Security No. 491-10-2041

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Sue F. Mitchell Adams 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased May 12 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 2 21 hr. min.

9. Birthplace Dover Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation barber

11. Industry or business Jerhome Hotel Shop

12. Name William J. Adams

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

14. Maiden name Elizabeth True

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

16. (a) Informant H. W. Apple

(b) Address S. Huntington, W. Va.

17. (a) removal (b) Date thereof 8/5/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Augusta, Kentucky

18. (a) Signature of funeral director

(b) Address St. Joseph, Mo.

19. (a) Aug. 9, 1946 (b) H. H. Heston
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 609 So. 15th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3rd
year 1946 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 30 1946 to Aug 3 1946
that I last saw him alive on Aug 3 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency Duration unknown

Due to

Due to

Other conditions Secondary Anemia Unknown
(Include pregnancy within 3 months of death)

Major findings: Of operations 93

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 type of place) While at work? (Specify means of injury)

23. Signature My Redmond Mad D. or other

Address 503 Coily Bldg Date signed 8/5/46

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.....

Eugene Wood

Licensed Embalmer No. *3804*

P. O. Address *396 10th St. Joplin, 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.