

FILED SEP 16 1946

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: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week
(Specify whether
In this community 32 years
years, months or days)

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. 20th. & Pear Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

John Quincy 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 Married

6. (b) Name of husband or wife Minnie Adams

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased October 20
(Month) (Day) (Year)

1869
(Year)

8. AGE: Years Months Days If less than one day
76 10 19 hr. min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name William Riley Adams

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

14. Maiden name Rachel Moore

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

16. (a) Informant Wm. T. Adams

(b) Address 20th. & Pear, St. Joseph, Missouri

17. (a) Burial (b) Date thereof 9/11/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) Sept. 12, 1946
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 9th
year 1946 hour 11 minute 45 P M.

21. I hereby certify that I attended the deceased from 9/9/46 to 9/13/46
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Hypostatic Pneumonia

Due to _____

Due to _____

Other conditions Hypertrophy of Prostate
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 137A

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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) Means of injury _____

23. Signature Chas. Greaney (M. D. or other)

Address 20th & Pear Date signed 9/10/46

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

28370

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 *Albert E. Harrington*

Licensed Embalmer No. *3258* *Missouri*.

P. O. Address *St. Joseph, Missouri*.

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.