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ev. 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. _____
Registrar's No. 1039

Registration District No. 42 Primary Registration District No. 1000

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: General Osteopathic Hospital
(d) Length of stay: In hospital or institution three days
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 6318 Carnegie St.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME ROSA JUNE ADAMS

MEDICAL CERTIFICATION

3. (b) If veteran, name war None 3. (c) Social Security No. None

20. DATE OF DEATH: Month 9 day 10
year 46 hour 4:30 pm minute M.

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

21. I hereby certify that I attended the deceased from 9-7-46 to 9-10-46
that I last saw her alive on 9-10-46 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased April 21, 1928

Immediate cause of death acute Appendicitis

8. AGE: Years 18 Months 4 Days 19

Due to General Endocrine gland disturbance Myxodema simple Due to (TETANY)

9. Birthplace St. Joseph, Missouri Student

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation High School

11. Industry or business _____

12. Name Walter S. Adams

13. Birthplace Magnolia, Kentucky

14. Maiden name Thelma M. Metz

15. Birthplace St. Joseph, Missouri

16. (a) Informant Walter S. Adams (father)

(b) Address 6318 Carnegie St.

17. (a) Burial Pethel Cemetery (b) Date thereof 9/12/46 (c) Place: burial or cremation Pethel Cemetery

18. (a) Signature of funeral director (b) Address 6054 Pryor Ave., City (c) Date received local registrar Sept. 17, 1946 (d) Registrar's signature

Major findings: Of operations acute Appendicitis Of autopsy pro.

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature of _____ Address 8015 Pryor St. Date signed 9-14-46

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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