S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 3 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3947

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 258

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: Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 weeks (Specify whether years, months or days)
In this community Life

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. 6106½ King Hill Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sarah Ruth Adams
3. (b) If veteran, name war No
3. (c) Social Security No. 491-10-9919
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ray Adams
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased April (Month) 6 (Day) 1899 (Year)
8. AGE: Years 47 Months 10 Days 8 If less than one day hr. min.
9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation at home
11. Industry or business at home
MOTHER FATHER
12. Name Harry Hickok
13. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)
14. Maiden name Sarah McGill
15. Birthplace Springfield (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Ray Adams
(b) Address St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn Cemetery
18. (a) Signature of funeral director Heaton Be Gole & Bowman
(b) Address St. Joseph, Mo.
19. (a) 2-26-47 (Date received local registrar) (b) H. B. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 14 year 1947 hour 4 minute 50 P M.
21. I hereby certify that I attended the deceased from 8-5-46, 19__, to 2-14-47, 19__; that I last saw h. alive on 2-14-47, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	24 hr
Due to: Carcinoma Left Lung	8-14-46
Due to:	
Other conditions: (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

47D

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 H. H. Rieve (M. D.)
Address Hospital Date signed 2-14

38 (Licensed Embalmer's Statement on Reverse Side)

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. 38050

P. O. Address 314 So 10th St Joseph, M

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.