

FILED APR 8 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 446

1. PLACE OF DEATH:
(a) County Biggan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 6198 Highland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN H. ADAMS
3. (b) If veteran, name war no
3. (c) Social Security No. 28

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased apr 8 1897
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation employee of

11. Industry or business Blindcraft

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Thomas H. Pearson

(b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof 3-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary Cemetery

18. (a) Signature of funeral director St. Joseph Funeral Home

(b) Address St. Joseph, Mo.

19. (a) 4-1-47 (b) B. W. Perkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 6198 Highland (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27 year 1947 hour 6 minute 15 M.
21. I hereby certify that I attended the deceased from March 27th to 47 to _____, 19____.

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death Pulmonary Tuberculosis Duration _____

Due to _____

Due to _____

Other conditions Sugar Diabetes
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 1313

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury Coroner

23. Signature B. W. Perkins (M. D. or other)

Address King Hill Bldg Date signed 3/4

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.....

Charles M. Harman, Registered Apprentice No. 450,
working under my personal supervision.

Signed

John Roy Stame
Licensed Embalmer No. 24357

P. O. Address St. Joseph

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.