

FILED NOV 3 1947

Registration District No. 22

Primary Registration District No. 1000

Registrar's No. 1273

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 1108 Powell St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community 31 Years
years, months or days)

3. (a) PRINT
FULL NAME

Omer Adams

3. (b) If veteran,

None

3. (c) Social Security No.

495-01-6730

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lula M. Adams 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased October 11 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 0 11 hr. min.

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

10. Usual occupation Retired Laborer- Oiler

11. Industry or business Swift & Co.

MOTHER FATHER { 12. Name John Adams
13. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Genks
15. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lula M. Adams

(b) Address 1108 Powell St.

17. (a) Burial (b) Date thereof Oct. 24, 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Herman W. Jenkins

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 10-28-47 (b) G. B. Jenkins
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. 1108 Powell St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22
year 1947 hour 1 minute 27 A.M.

21. I hereby certify that I attended the deceased from June 1947 to Oct 21, 19 47
that I last saw him alive on Oct 21, 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 7 HRS

Due to Cardiac decompensation 3 yrs

Due to Gen. Arteriosclerosis 5 yrs

Other conditions Enlargement of heart
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy ASU

PHYSICIAN

Underline the cause of which death should be charged statistically.

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 W. E. Brink (M. D. or other)
Address St. Joseph, Mo. Date signed Oct 22, 47

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

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.....
Frederic F. Hays, Jr...... Registered Apprentice No. *88*
working under my personal supervision.

Signed.....

Elmer Thomas

Licensed Embalmer No. *2640*

P. O. Address.....

St. Joseph 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.