. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41558

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5446

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5805 McGee Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 2 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 5805 McGee Street 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MRS. ESTELLA ADAMS
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife W. T. Adams
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September (Month) 15th. (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	3	11	hr. min.

9. Birthplace Richards (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Frank Koontz
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Geery
15. Birthplace (City, town, or county) Virginia (State or foreign country)
16. (a) Informant Mrs. W. L. Hooper
(b) Address 5805 McGee Street
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-27-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Fort Scott, Kansas
18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd. St. Kansas City, Mo.
19. (a) 12-27-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26th. year 1947 hour minute M.
21. I hereby certify that I attended the deceased from 12-23-47 ~~12-26-~~ ~~1927~~ to 12-26 1947 that I last saw her alive on 12-23 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to Senility	
Due to	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations no op.	
Of autopsy no autopsy	

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 0
23. Signature P. H. Owens (M. D. or ~~other~~)
Address 1034 Realto K.C. Mo Date signed 12/26/47

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

Jefferson City Printing Co. (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 Elmer C. Wedelin

Licensed Embalmer No. 3495

P. O. Address K. C. 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.