

National Office of Vital Statistics

FILED FEB 7 1948 49
Registration District No. **49**

Primary Registration District No. **1002**

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

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: **1018 Washington**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **XX** (Specify whether
In this community **Unknown** (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **FRANK L. ADAMS**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Ma** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Divorced**
6. (b) Name of husband or wife **XX** 6. (c) Age of husband or wife if alive **XX** years
7. Birth date of deceased **August 25 1870**
(Month) (Day) (Year)

8. AGE: Years **77** Months **4** Days **29** If less than one day
hr. min.

9. Birthplace **Rushford N.Y.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Salesman**

MOTHER FATHER
11. Industry or business
12. Name **Leonard Adams**
13. Birthplace **N.Y.**
(City, town, or county) (State or foreign country)
14. Maiden name **Ann P. Becker**
15. Birthplace **N.Y.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Self in 1944**
(b) Address **1018 Washington**

17. (a) **Burial** (b) Date thereof **1-28-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Woodlawn, KC Kansas**

18. (a) Signature of funeral director **J. Wagner**
(b) Address **Kansas City, Mo.**

19. (a) **1-27-48** (b) **Maudine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1018 Washington**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **24th**
year **1948** hour **5:00** minute **P.** M.

21. I hereby certify that I attended the deceased from _____, 19____, 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 **Coronary Sclerosis**

Due to _____
Due to _____

Other conditions (Including those which preceded the month of death) **930**

Major findings: **Reputy Coroner**
Of operations

Of autopsy **History & Inspection**

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 _____ (City or town) _____ (County) _____ (State)
23. Signature **A. E. Cooper** (M. D.)
2800 1 main Address _____ Date **1/26/48**

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.....

Cecil R. Matthes

Licensed Embalmer No. *3807*

P. O. Address *Kansas City, 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.