S. No. 2
—1/47
-17-39

8
3
8

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12381
Registrar's No. 1692

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days (Specify whether
In this community 3 weeks
years, months or days)

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

89

3. (a) PRINT FULL NAME John S. Adams
3. (b) If veteran, name war no
3. (c) Social Security No. 495-03-9448

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret
6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased October (Month) 8, (Day) 1911 (Year)

8. AGE: Years 36 Months 6 Days 9 If less than one day hr. min.

9. Birthplace Ray Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation automotive worker
11. Industry or business
FATHER
12. Name Samuel Adams
13. Birthplace Rayville (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Nora Cravens
15. Birthplace Vernon Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant St. Joseph Hosp. Records
(b) Address Kansas City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation Richmond, Mo
18. (a) Signature of funeral director West Lile F.H.
(b) Address Richmond, Mo.
19. (a) 4-18-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month april day 17
year 1948 hour 8 minute 17 P. M.

21. I hereby certify that I attended the deceased from March 29 1948, to April 17 1948; that I last saw him alive on April 17 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute obstruction of intestines	2 wks
Due to adhesions from ruptured gastric ulcers	8 yrs. ago
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 122 K

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 Dr. John O. Skinner (M. D. ~~or other~~)
Address 5108 Grand Date signed 4-17-48
Kansas City, Missouri

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. George A Hile

Licensed Embalmer No. 4066

P. O. Address Richmond, Wis

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.