

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 27 1948 42

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1000

28884
State File No.
Registrar's No. 1001

Registration District No.

Primary Registration District No.

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: MO. METHO. HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hrs
5 mos (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME

Carol Lee 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 Single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased JANUARY 16 1948
(Month) (Day) (Year)

8. AGE: Years 0 Months 8 Days 5 If less than one day hr. min.

9. Birthplace CARLISLE PA 1
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

12. Name Richard LeRoy Adams

13. Birthplace CARLISLE PA 1
(City, town, or county) (State or foreign country)

14. Maiden name Betty Lou Fertil

15. Birthplace Polo MO 1
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Adams

(b) Address St Joseph Mo

17. (a) Removal (b) Date thereof 9 21 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sycamore Mo

18. (a) Signature of funeral director Truman Calack

(b) Address Kingston Mo

19. (a) 9-22-48 (b) E. B. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan
(c) City or town Saint Joseph Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 207 S 97 Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
Sept 21, 1948 hour 2:10 minutes P.M. M.

21. I hereby certify that I attended the deceased from April 13 1948 to Sept 21 1948
that I last saw him alive on Sept 21 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia 2 da.

Due to Hydrocephalus Congenital

Due to Spina Bifida

Other conditions.
(Include pregnancy within 3 months of death)

Major findings: Of operations none 15 70

Of autopsy as above

22. If death was due to external causes, fill in the following:

(c) 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

23. Signature B. K. Grant (M. D. or other)

Address St. Joseph Mo, Date signed 9-21-48

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

Cramer Clark

Licensed Embalmer No. *3257*

P. O. Address _____

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.