S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 13 1948

Registration District No. 196

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 30027

Registrar's No. 297

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether
In this community: 26 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Independence
(If outside city or town limits, write "RURAL")
(d) Street No.: 206 N. Crysler
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Mrs. Georgia A. Adams
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Emmett L. Adams
6. (c) Age of husband or wife if alive: 49 years
7. Birth date of deceased: Sept. 1, 1871 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 77 | 1 | 0 | hr. min. |

9. Birthplace: Unknown, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Self employed
FATHER
12. Name: Sylvester Collins
13. Birthplace: Unknown, Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Unknown Valentine
15. Birthplace: unknown, OHio (City, town, or county) (State or foreign country)
16. (a) Informant: Emmett L. Adams
(b) Address: 206 N. Crysler, Independence, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 10/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Nevada, Mo.
18. (a) Signature of funeral director: Geo. C. Carson
(b) Address: Independence, Mo.
19. (a) 10-9-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Oct. day: 1
year: 1948 hour: 6 minute: 25 A.M.
21. I hereby certify that I attended the deceased from 29 Sept, 1948 to same 30, 1948; that I last saw him alive on 30 Sept, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Senility | |
| Due to: Secondary · Bronchopneumonia | |
| Due to: | |
| Other conditions: Senile Dementia (Include pregnancy within 3 months of death) arteriosclerosis | |
| Major findings: Of operations: | |
| Of autopsy: 107 | |

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: [signature] M.D. (M. D. or other)
Address: Ind Mo Date signed: 10-1-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

SEP 6 1949

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 Richard J. Mullins, Registered Apprentice No. 268, working under my personal supervision.

Signed Charles P. Tyk

Licensed Embalmer No. 4534

P. O. Address Indep 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.