

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAR 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

5832

604

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson
(c) Name of hospital or institution: 3820 Walnut K.C. Mo.
(d) Length of stay: In hospital or institution —
In this community —
years, months or days

3. (a) PRINT FULL NAME Mrs. Fannie Adams

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Female 5. Color or race wh 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased May 23 - 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 17 If less than one day — hr. — min.

9. Birthplace Ky
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business —

12. Name C. H. Samples

13. Birthplace Ky
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace —
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jess Ann Hall

(b) Address 3820 Walnut K.C. Mo.

17. (a) Burial (b) Date thereof Feb 12 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director W. E. Mitchell

(b) Address Independence Mo.

19. (a) 3/11/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo.
(d) Street No. 3820 Walnut
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10 year 1941 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 23, 1941 to Feb 10, 1941; that I last saw her alive on Feb 10, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from Intestine Duration 4 days

Due to Cancer of small intestine unknown

Due to —

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

Major findings: Of operations none

Of autopsy none

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? — (Specify type of place) (e) Means of injury 2

23. Signature W. E. Schoen (M. D. or other) D.O.

Address 243 W. 13th Bldg. Kansas City Date signed 2-11-41

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed

Henry S. Mitchell

Licensed Embalmer No. 3925

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.