

FILED DEC 6 1943
Registration District No. 128

Primary Registration District No. 5610

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Rural, Jefferson Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route # 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 2 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 3017 Campbell
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ross C. Adams

3. (b) If veteran, name war _____ 3. (c) Social Security No. 487-09-8752

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased August 15 1908
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
35 2 27 hr. min.

9. Birthplace Climax Springs Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Assistant Superintendent

11. Industry or business Life Insurance

MOTHER FATHER { 12. Name Issac Adams
13. Birthplace Caldwell County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Nannie Coffman
15. Birthplace Climax Springs Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Issac Adams

(b) Address Windsor, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-14-43
(Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) Nov. 14, 1943 (Date received local registrar) R.A. Brauninger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12
year 1943 hour 4:30 p m minute _____ M.

21. I hereby certify that I attended the deceased from Nov 1-43
to Nov 12 1943
that I last saw him alive on Nov 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Fatty degeneration of heart
Due to myocarditis

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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 _____

23. Signature Arnold (M. D. or other) M.D.
Address Windsor Mo Date signed 11/14/43

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

123
2/44

1086

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

E. M. Hester

Licensed Embalmer No.

3391

P. O. Address

Windsor, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Dec. 1943

Registration District No. 168 Primary Registration District No. 5610 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Rural Jefferson Imp.
(outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether in this community _____ years, months or days)

3. (a) PRINT FULL NAME Ross C. Adams

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Aug 15
(Month) (Day) (Year)

8. AGE: Years 35 Months 2 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (c) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov year 1943 minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____

that I first saw him _____ alive on _____, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death fatty degeneration of heart Duration _____

Due to _____

Due to nephritis chronic

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

Major findings: 1318

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Amundson (M. D. or other) MO

Address Union Mo Date signed 12-7-43

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

SUPPLEMENTAL

JUN 12 1944

38501