

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 12 1948

Registration District No. 789

Primary Registration District No. 1002

Registrar's No. 1302

1. PLACE OF DEATH:

(a) County Jackson

(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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether in this community same years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 42

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

(d) Street No. 1
(If rural, give location)

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

3. (a) PRINT FULL NAME MRS. Daisy ADAMS

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Isaac Joseph

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Mar 3 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>51</u>	<u>0</u>	<u>22</u>
				hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name Joseph Wilson

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

14. Maiden name Mary Merritt

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

16. (a) Informant Isaac Adams

(b) Address Windsor, Mo

17. (a) removal (b) Date thereof 3/25/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Mo

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza

19. (a) 3-15-48 (b) Yvonne Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 25
year 1948 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from MAR 19
1948 to MAR 25 1948
that I last saw her alive on MAR 25 1948
and that death occurred on the date and hour stated above.

Immediate cause of death THYROID TOXIC MYOCARDIUS YRS

Due to

Due to HEPEREALSCOM YRS

Other conditions (toxic goiter) 638
(Include pregnancy within 3 months of death)

Major findings: THYROID TOXIC MYOCARDIUS

Of operations

Of autopsy ABSC CONGRATED

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?

(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 M.D

23. Signature A.C. Jurey (M. D. or other) M.D
Address 1202 25th St

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

MOTHER FATHER

APR 12 1948

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 Robert W. Reed

Licensed Embalmer No. 3745

P. O. Address H. C. Ho.

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.