

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**9606**  
Do not use this space.

REC'D APR 23 1938

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 1071  
 (c) City Kansas City (d) Street No. St. Mary's Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 22 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Buford Adams 352  
 (a) Residence, No. 3905 College St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED  
 HUSBAND OF Mrs. Elma Burrows Adams  
 (OR WIFE OF)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
61 7 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. Salesman  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME William Adams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

MOTHER 15. MAIDEN NAME Dont know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT (ADDRESS) Mrs. Elma B. Adams  
3905 College

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE Mar. 10, 1938

19. FUNERAL DIRECTOR (ADDRESS) Freeman Mortuary & Chapel  
Kansas City, Mo.

20. FILED Mar 9 1938 Dr. Croome  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 8, 1938

22. I HEREBY CERTIFY That I attended deceased from Feb. 12, 1938, 19, to March 8, 1938, 19.  
 I last saw him alive on March 8, 1938, 19. Death is said to have occurred on the date stated above, at 10 P. m.  
 The principal cause of death and related causes of importance were as follows:

Arterio-sclerotic  
andurism of abdominal  
aorta, Emphysem left  
fenoral artery, gangrene  
left foot  
 Other contributory causes of importance:  
Primary Carcinoma  
left bronchus with  
metastasis to liver

Date of onset  
47

Name of operation Autopsy Date of .....  
 What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external cause (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify. Charkovitch - 1 M. D.  
 (Signed) Charkovitch - 1  
 (Address) 1216 Prof. Mag-  
Le. C. Bur

N. B.—Every item of information should be carefully classified. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Harmon Freeman, Licensed Embalmer No. 2939

hereby certify that the body recorded on the reverse side of this certificate was embalmed by [Signature]

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Harmon Freeman  
Licensed Embalmer No. 2939

**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.)**