

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH

(a) County Jackson
 (b) City or town Kansas City
 (c) Name of hospital or institution:
1715 E 24th Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community about 30 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME EUGENE ADAMS 352

3. (b) If veteran, name war no 3. (c) Social Security No. 486-01-4089

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Wilma Adams 6. (c) Age of husband or wife if alive 40 years
 7. Birth date of deceased 24 (Month) 1895 (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>2</u>	<u>2</u>	hr. _____ min. _____

9. Birthplace One Bluff Ark (City, town, or county) (State or foreign country)

10. Usual occupation Mattress Maker

11. Industry or business Business

12. Name Amos Adams

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

14. Maiden name Rozette Sims

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

16. (a) Informant's own signature Wilma Adams

(b) Address 1715 E 24th St

17. (a) Burial (b) Date thereof 4-27-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Cemetery

18. (a) Signature of funeral director J. B. Moore

(b) Address 1820 E 48th St

19. (a) APRIL 27, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
 (c) City or town Kansas City, Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1715 E 24th
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
 year 1940 hour 5 minute 50 P. M.

21. I hereby certify that I attended the deceased from Feb. 1939 to March 1940
 that I last saw him alive about March 20 - 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death ruptured aortic aneurysm

Due to _____ Duration 16 mos

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 J. B. Moore (M. D. or other) M.D.

Address 1510 E 18th Date signed 4/26/40

N. B.—Every item of information should be carefully supplied. 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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

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

Signed

AB Moore

Licensed Embalmer No. 2410

P. O. Address 1870 East 18th

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, above space should be left blank.