

No. 2
1-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5883

State File No. _____

Registrar's No. 6553

Registration District No. 99

Primary Registration District No. 102

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

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: 26 East 31 St Terrace /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 53 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Alvin Adams

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

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

6. (b) Name of husband or wife Emma Adams 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Feb 17 1881
(Month) (Day) (Year)

8. AGE: Years 59 Months 11 Days 26 If less than one day hr. _____ min.

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

10. Usual occupation Cement Finisher

11. Industry or business _____

12. Name Thomas Jefferson Adams

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

14. Maiden name Emma

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

16. (a) Informant Virgil A Adams

(b) Address 1237 Crisp Independence Mo

17. (a) Burial (b) Date thereof Feb 15 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GreenLawn

18. (a) Signature of funeral director Mrs C.L. Forster

(b) Address 918 Brooklyn

19. (a) 2/14/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 26 E. 31 St. Terrace (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 - day 13 - year 41
year _____ hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 2-13-41
_____ 19____, to 2-13-41 19____;
that I last saw him alive on 2-13-41 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary atherosclerosis

Due to 940

Due to 940

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 Robert M. Myers M.D. (M. D. or other)

Address 102 S. Qualls Date signed 2-14-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Vi. 4/51
1 to 5

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

J. Clair Sheppard

Licensed Embalmer No.

4179

P. O. Address

K-T. Me

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.