

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **9719**  
Registrar's No. **1128**

Registration District No. **297**

Primary Registration District No. **1002**

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:  
5900 Independence Ave 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community 50 yrs  
years, months or days

3. (a) PRINT FULL NAME JAMES MONROE ADAMS

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased March 19 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>11</u>	<u>29</u>	_____ hr. _____ min.

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

10. Usual occupation Inspector

11. Industry or business City Hall

12. Name James Monroe Adams

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

14. Maiden name Anne Nottingham

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

16. (a) Informant Arthur Adams

(b) Address 449 W 68th

17. (a) burial (b) Date thereof 3/19/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buckner Missouri

18. (a) Signature of funeral director T. Sebbeta Carralla

(b) Address 901 E 5th

19. (a) 3/19/41 (b) M. M. Corome  
(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. 5208 E 8th  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 18  
year 41 hour 5:12 minute 12 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_  
Comm

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Pushing locomotive and  
disembodiment of the body.

Due to Reinforced tram

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Aspiration

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Asphyxiation

(b) Date of occurrence 3/18/41 (Pending report)

(c) Where did injury occur: 5900 Independence Ave  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Reinforced tracks

While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Means of transport \_\_\_\_\_

23. Signature [Signature] (M.D. or other) \_\_\_\_\_  
Address [Signature]

48 mg

Duration  
6

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

**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..... *Roy E Snow*.....

Licensed Embalmer No. *2560*

P. O. Address *1807 E 29th*

**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.**