

Registration District No. 295

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: County Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass 19
(c) City or town Peculiar Mo (If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

8. (a) PRINT FULL NAME DON M. McADAMS

8. (b) If veteran, name war _____ 8. (c) Social Security No. ✓

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

8. (b) Name of husband or wife Hattie Mc Adams 8. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 8, 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Sam Mc Adams
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Ann Perry
15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant O B Bell

(b) Address Warden City Kansas

17. (a) burial (b) Date thereof May 7 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peculiar Mo.

18. (a) Signature of funeral director Raymond Jagers

(b) Address Harrisonville Mo

19. (a) May 8 1941 (b) M. M. Brown
(Date registered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1941 hour 11:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from 5-5-41
10:00 a.m. 1941 to 5-5 11:30 p.m. 1941;
that I last saw him alive on 5-5 11:20 p.m. 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia
Superimposed
Due to Arteriosclerotic
Cardio-vascular-Renal
Due to Disease

Other conditions 1170
(Include pregnancy within 3 months of death)

Major findings: 108
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 Frank Hill by C. Delaney MD
(M. D. or other)

Address 3214 Jefferson Date signed 5/6/41

Duration

4-6 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 Ernest Remmenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville Mo

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.