

No. 2
-4-41
17-39
X28390

FILED SEP 11 1941
Registration District No. **301**

Primary Registration District No. **5280 3012** Registrar's No. **81**

1. PLACE OF DEATH:

(a) County **Clay**

(b) City or town **Liberty, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
447 Arthur.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community **2½ months** / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clay** **0243**

(c) City or town **North Kansas City,**
(If outside city or town limits, write "RURAL")

(d) Street No. **Ben Bolt Hotel**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **WILLIAM CLEVELAND ADAMS**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **486-07-732**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **29**
year **1941** hour **3:20** minute **A.** M.

4. Sex **male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **divorced**

6. (b) Name of husband or wife **Mary** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **November 12, 1884**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **October 19, 40, to Aug 29, 1941,**
that I last saw him alive on **Aug 29, 1941,**
and that death occurred on the date and hour stated above.

8. AGE: Years **56** Months **9** Days **17**
If less than one day _____ hr. _____ min.

Immediate cause of death **Cardiovascular Syndrome terminating in Arterio Sclerosis**
Due to **Hypertension, Essential**
Due to _____

9. Birthplace **Rich Hill, Missouri** **0**
(City, town, or county) (State or foreign country)

Other conditions **Chronic Emboli** **4mo.**
(Include pregnancy within 3 months of death)

10. Usual occupation **Warehouse Foreman**

11. Industry or business **Kansas Flour Mills**

Major findings: **19/2**
Of operations _____
Of autopsy _____

MOTHER FATHER { 12. Name **unknown**

13. Birthplace _____ **9**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace _____ **9**
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant **Mrs. Lucille Adams**

(b) Address **447 Arthur, Liberty, Mo.**

17. (a) **Burial** (b) Date thereof **Aug 31, 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Liberty, Mo.**

While at work? _____ (Specify type of place) (d) Means of injury **0**

23. Signature **Sutendren** (M. D. or other) _____
Address **Liberty, Mo.** Date signed **8/30/41**

18. (a) Signature of funeral director **Morton Funeral Home**
North Kansas City, Mo.

(b) Address _____

19. (a) **Aug 30-41** (b) **Wileen Early**
(Date received local registrar) (Registrar's signature)

726 (Licensed Embalmer's Statement on Reverse Side)

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

SEP 17 1941

RECEIVED
District Health Officer No. 8,
District File Number
9-9-6
Date Filed

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.....

Harold L. Posson

Registered Apprentice No.....

working under my personal supervision.

Signed *Harold L. Posson*

Licensed Embalmer No. 3605

P. O. Address North Kansas City, 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, fact should be so stated above.