

FILED APR 15 1942

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 5127

Registrar's No. 339

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

1. PLACE OF DEATH:  
 (a) County Buchanan  
 (b) City or town St. Joseph (Rural) Washington Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
R.F.D. # 6 (Home)  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community Life time  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Buchanan  
 (c) City or town St. Joseph (Rural)  
(If outside city or town limits, write "RURAL")  
 (d) Street No. R.F.D. # 6  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Jasper Adams  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month March day 30  
 year 1942 hour 9 minute 30 A.M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Delia Adams  
 6. (c) Age of husband or wife if alive 74 years 22 days 1865 (Year)

21. I hereby certify that I attended the deceased from Jan 6 1942 to March 30 1942  
 that I last saw him alive on March 29 1942  
 and that death occurred on the date and hour stated above.

7. Birth date of deceased: April (Month) 22 (Day) 1865 (Year)  
 8. AGE: Years 76 Months 11 Days 8  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death  
Cholera  
Sh. Duodenal Ulcer  
Ch. Acute Ischemic  
 Due to \_\_\_\_\_  
 Duration 3 mo  
Indif.  
Indif.

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

Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: 938  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

10. Usual occupation Retired Farmer  
 11. Industry or business Farm

MOTHER FATHER { 12. Name Franklin Adams  
 13. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Zepora Phillips  
 15. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Delia Adams (Wife)  
 (b) Address R.F.D. # 6 St. Joseph

17. (a) Burial (b) Date thereof 4/1/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Mora Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director John E. Crupp  
 (b) Address 6054 Pryor Ave.

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature J. H. L... (M. D. or other) \_\_\_\_\_  
 Address 5007 1/2 Hwy. Hill Date signed 3/30/42

19. (a) April 1942 (b) H. J. Mathews  
(Date received local registrar) (Registrar's signature)

**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.....

Myself

Registered Apprentice No.....

working under my personal supervision.

Signed

*John E. Rupp*

Licensed Embalmer No. 3986

6054 Pryor Ave.,

P. O. Address St. Joseph, Missouri

**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.**