

FILED FEB 5 1944

Registration District No. 151

Primary Registration District No. 4240

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Blue Springs
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 70 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Blue Springs
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HENRY ALBERT ADAMS

3. (b) If veteran, name war _____ 3. (c) Social Security No. 720

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Dorah 6. (c) Age of husband or wife if alive 7 years
7. Birth date of deceased Feb 19 1849
(Month) (Day) (Year)

8. AGE: Years 94 Months 10 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business farmer

12. Name John Adams

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

14. Maiden name Martina Wilts

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

16. (a) Informant Miss Vera Adams

(b) Address Blue Springs Mo

17. (a) Burial (b) Date thereof 1-3-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grave Cem. Blue Spgs Mo

18. (a) Signature of funeral director Miss G. B. Wilts, Sr

(b) Address Blue Springs Mo

19. (a) Jan 4 44 (b) Mrs. John Dawson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2
year 1944 hour 12 minute 40 A.M.

21. I hereby certify that I attended the deceased from 1-2-44 to 1-2-44
that I last saw him alive on 1-2-44
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza 1 Day week

Due to Senility

Due to _____

Other conditions (Include pregnancy within 3 months of death) 330

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 J. E. Query (M. D. or other) D.O.
Address Blue Springs, Mo. Date signed 1/3/44

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..... *R. B. Webb*

Licensed Embalmer No. *2353*

P. O. Address *Bluesprings 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.