

FILED MAR 15 1945

Registration District No. ....

Primary Registration District No. 4240

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Blue Springs  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 2 1/2 Miles East of Christian Ch.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community \_\_\_\_\_  
years, months or days) 9 mo

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. 2 1/2 Miles East of Christian Ch.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Anna Lee Adams

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

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

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

7. Birth date of deceased: July 17 - 1869  
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

12. Name Henry Alley

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Gordon Adams

(b) Address Blue Springs Mo

17. (a) Burial (b) Date thereof: 3-6-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leis Summit Mo

18. (a) Signature of funeral director B Langford

(b) Address Leis Summit Mo

19. (a) 3-6-45 (b) Mrs. John Dawson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4<sup>th</sup>  
year 1945 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from Feb 25 to March 4<sup>th</sup> 1945,  
that I last saw her alive on March 4<sup>th</sup> 1945,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Lobar Pneumonia 8 days  
Due to Complicated by  
myocardial degeneration  
Due to old Bronchitis 7 yrs

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
108

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 G.P. Jenkins (M. D. or other) DO  
Address Leis Summit, Mo Date signed 3-5-45

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

18  
46  
0

MAR 27 1945

**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

*W. B. Langford*

Licensed Embalmer No.....

*3833*

P. O. Address

*Leis Summit*

**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.**