. S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13006

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1963

1. PLACE OF DEATH:

(a) County Jackson.

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1106 Baltimore /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether
In this community unknown. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County unknown 997

(c) City or town Tulsa 34
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown 0
(If rural, give location) 2

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country x

3. (a) PRINT FULL NAME Thomas ~~Patrick~~ PATTON Adams

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

3. (c) Social Security No. ~~unknown~~ 442-03-3040

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife Tulsa Price Adams

6. (c) Age of husband or wife if alive years

7. Birth date of deceased ~~unknown~~ (Month) 9 (Day) 20 (Year) 1889

8. AGE: Years	Months	Days	If less than one day
~~ap. 60~~ 56	7	0	hr. min.

9. Birthplace Arlington ~~Memphis~~, Tennessee /
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business x

MOTHER FATHER

12. Name Thomas P. Adams

13. Birthplace Memphis, Tennessee /
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth ~~Bradd~~ BRAGG

15. Birthplace Memphis Tennessee /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. ~~A. K. Mills~~, ANNABELLE SHERER

(b) Address ~~Webb City, Missouri~~ TULSA, OKLA.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 4-20-46 (Month) (Day) (Year)

(c) Place: burial or cremation Webb City, ~~Missouri~~ TULSA, OKLA.

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-19-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1946 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Deputy Coroner — Duration

Due to Coronary Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death) 94a

Major findings:
Of operations

Of autopsy See Above

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? (Specify type of place)

While at work (e) Means of injury

23. Signature A. E. Upshaw (M. D. or Coroner)

Address 2800 Main Date signed 4/22/46

(Licensed Embalmer's Statement on Reverse Side)

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address K. C. 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.