V. S. No. 2
00M—5-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 22 1946

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 13008

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1693

**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 Research Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days (Specify whether years, months or days)
In this community 10 days

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Jackson 48
(c) City or town Lake Lotawana
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROBERT STANLEY ADRIAN
3. (b) If veteran, name war No.
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rae L. Adrian
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased August 5 1887 (Month) (Day) (Year)

8. AGE: Years 58 Months 8 Days 5 If less than one day hr. min.

9. Birthplace PAW PAW (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation RETIRED
11. Industry or business LANDSCAPE ARCHITECT
FATHER 12. Name JOHN ADRIAN
13. Birthplace PAW PAW (City, town, or county) ILLINOIS (State or foreign country)
MOTHER 14. Maiden name MRS JEAN A PIERCE
15. Birthplace PAW PAW (City, town, or county) ILLINOIS (State or foreign country)
16. (a) Informant Mrs. Jean A Pierce
(b) Address Lake Lotawana Mo
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof APRIL 11, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation PAW PAW, ILL.
18. (a) Signature of funeral director D. W. Turcomer & Son
(b) Address 1401 Brush Creek Blvd
19. (a) 4-10-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 10 year 1946 hour 1 minute 40 A.M.
21. I hereby certify that I attended the deceased from April 1 1946 to April 10 1946 that I last saw him alive on April 10 1946 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Lobar pneumonia
Due to General debilitation
Due to
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

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 —
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 0
23. Signature Ellis Yatt (M. D. or other)
Address 3850 Prospect Date signed 4-10-46

(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.....

Licensed Embalmer No. 1940

P. O. Address 1401 Brush Creek Blvd

**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.**