

FILED JUN 20 1946

Registration District No. 146

Primary Registration District No. 3026

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
19473

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Independence Sanitarium 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community Sixty years
years, months or days

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

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Jennie J. 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Nov 24 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 5 29 hr. min.

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

10. Usual occupation Retired Plumber

11. Industry or business _____

MOTHER FATHER {
 12. Name Ulysses Adams
 13. Birthplace Clay Co., Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Clay Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant William D. Adams
 (b) Address Peoria, Illinois

17. (a) Burial (b) Date thereof May 27, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mound Grove Cemetery

18. (a) Signature of funeral director Geo. C. Harrison
 (b) Address 10th North Pleasant, Independence

19. (a) June 6-1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Independence 4
(If outside city or town limits, write "RURAL")
 (d) Street No. McCoy & West 50. Side Blvd. 4
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 23, day _____
 year 1946 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from March, 1946, to May 23, 1946
 that I last saw him alive on May 22, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 2 weeks
 Due to _____
 Due to _____
 Other conditions Coronary occlusion 3 mo
(Include pregnancy within 3 months of death) arteriosclerosis
 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 J. G. Heston (M. D. or other) _____
 Address Independence, Mo. Date signed May 24, 1946

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 Lloyd C. Carson
Licensed Embalmer No. 4199
P. O. Address Independence, 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.