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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED OCT 16 1946

STANDARD CERTIFICATE OF DEATH

State File No. 33421

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4203

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: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 26 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 4018 So. Benton
(If rural, give location)

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

If yes, name country

48
3
8
0

3. (a) PRINT FULL NAME NELLIE ADAMS

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F 1

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Andrew J.

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased February 19 1886
(Month) (Day) (Year)

8. AGE: Years 60 Months 7 Days 14 If less than one day hr. min.

9. Birthplace Irwin (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name John Lowry
13. Birthplace Clinton Ill (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Clara Putman
15. Birthplace Peoria (City, town, or county) Ill. (State or foreign country) 1

16. (a) Informant Andrew J. Adams

(b) Address 4018 S Benton

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-5-46 (Month) (Day) (Year)

(c) Place: burial or cremation Rich Hill Mo

18. (a) Signature of funeral director C.H. Blackman & Son Inc

(b) Address 2825 Independence Blvd.

19. (a) 10-5-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from Sept 29, 1946 to Oct 3, 1946
that I last saw him alive on Oct 3, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	2 days
Due to Cirrhosis of liver	1 year
Due to arteriosclerosis	3 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations no 124 B

Of autopsy as 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 0

23. Signature John T. Johnson (M. D. or other) MD

Address 118 E Grand Ave Date signed 10-4-46

(Licensed Embalmer's Statement on Reverse Side)

Sg. C MO

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 F D Blackman

Licensed Embalmer No. 2629

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.