

S. No. 2  
M-543  
7. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36096**  
1257  
Registrar's No.

**FILED NOV 19 1946**

Registration District No. **42** Primary Registration District No. **1000**

1. PLACE OF DEATH:  
(a) County **Buchanan**  
(b) City or town **St. Joseph**  
(c) Name of hospital or institution: **1213 No. 10th St.**  
(d) Length of stay: **8 months**  
In this community **40 years**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Buchanan**  
(c) City or town **St. Joseph**  
(d) Street No. **1213 No. 10th St.**  
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **MILTON I. ADAMS**  
3. (b) If veteran, name war **None**  
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **November** day **7**, year **1946** hour **1** minute **00** P.M.

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Rosa**  
6. (c) Age of husband or wife if alive **dead**  
7. Birth date of deceased **March 27, 1869**

21. I hereby certify that I attended the deceased from **Oct 1, 1946 to Nov 7, 1946**  
that I last saw him alive on **Nov 4, 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Insufficiency**  
Duration **2 yrs**

AGE: Years Months Days If less than one day  
**77 7 9**

9. Birthplace **Kentucky**

10. Usual occupation **Retired farmer**

11. Industry or business **None**

MOTHER FATHER  
12. Name **Unknown**  
13. Birthplace **Unknown**  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**

16. (a) Informant **Walter Adams (son)**  
(b) Address **6319 Carnegie St., City**

17. (a) **Burial**  
(b) Date thereof **11/9/46**  
(c) Place: burial or cremation **Funeral Home, 1 Park Cemetery**

18. (a) Signature of funeral director **Walter Adams**  
(b) Address **6054 Pryor Ave., City**

19. (a) **Nov. 12, 1946**  
(b) **H. J. Nestelund**

Due to  
Due to  
Other conditions  
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  
(c) Where did injury occur?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **J. R. Elliott**  
Address **801 1/2 Dr. Davis St. St. Joseph, Mo.**  
Date signed **11/18/46**

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

---

---

**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 John E. Rufan  
Licensed Embalmer No. 7986  
P. O. Address St. Joseph, 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.**