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FILED JAN 21 1947

Primary Registration District No. **3035**

Registrar's No. **80**

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: city
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 520 N. August
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM H. ADAMS

3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

4. Sex ma 5. Color or race w 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Sept 2 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 3 10 hr. _____ min.

9. Birthplace Jackson Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Lafayette

12. Name not known 9

13. Birthplace " " (City, town, or county) (State or foreign country)

14. Maiden name not known 9

15. Birthplace " " (City, town, or county) (State or foreign country)

16. (a) Informant Fred W. Adams

(b) Address Livingston mo

17. (a) Burial (b) Date thereof 12-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Livingston mo

18. (a) Signature of funeral director Garnett J. Stumpel
(b) Address Livingston mo

19. (a) 12 Jan 47 (b) Thomas E. Gash
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22
year 1946 hour 3 minute 17 M.

21. I hereby certify that I attended the deceased from Sept
1946 to Dec 22, 1946
that I last saw him alive on Dec 22, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 94P

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? _____ (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 0

23. Signature Ben H. Bresler (M. D. or other) _____

Address Redington mo Date signed 12/23/46

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

MOTHER FATHER

RECEIVED

Health Officer No. 8,

District File Number

Date Filed

1-18-47

JAN 29 1947

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

L. McKean

Licensed Embalmer No.

2983

P. O. Address

Lexington 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.