

No. 2  
-12-45  
5-17-39  
I X47070

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

FILED MAR 21 1947

Registration District No. \_\_\_\_\_ Primary Registration District No. 1502

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:  
General Hospital No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. (Specify whether  
In this community 15 years years, months or days)

3. (a) PRINT FULL NAME William Adams

3. (b) If veteran, name war None

3. (c) Social Security No. No

4. Sex Male 5. Color or race W.

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

6. (b) Name of husband or wife Alice Pamela Adams

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased 12 14 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 2 23 hr. min.

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name Isaac Adams

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

14. Maiden name Alice Hansen

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

16. (a) Informant Georgia Schiff

(b) Address 7100 E. 13th St

17. (a) Buried (b) Date thereof 3/18/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W. Washington

18. (a) Signature of funeral director Wm. J. Fisher Home

(b) Address Kansas City Mo

19. (a) 3-8-47 (b) E. Waldine Holmes  
(Date received local registrar) (Registrar's signature)

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. 7100 E. 13 St.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7  
year 1947 hour 3 minute 20 A.M.

21. I hereby certify that I attended the deceased from  
Feb. 6, 1947 to March 7, 1947;  
that I last saw him alive on March 7, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy None

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)

(c), Means of injury 0

Signature Wm. J. Fisher (M. D. or other) M.D.

Address Med. Dir. Gen'l Hosp. Date signed 3-7-47

*Dr. Williams*

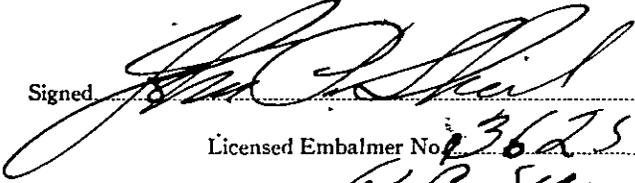
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**STATEMENT BY LICENSED EMBALMER**

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. *3625*

P. O. Address *P. C. 5th*

**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.**