

Primary Registration District No. 1002

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

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 2840 Mabash Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 48 years (Specify whether 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. 2840 Mabash
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME RICHARD RILEY ADAMS
3. (b) If veteran, No name war.....
3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced UNMARRIED
6. (b) Name of husband or wife SARAH NEVADA ADAMS
6. (c) Age of husband or wife if alive 88 years
7. Birth date of deceased APR 4 8 1860
(Month) (Day) (Year)

8. AGE: Years 87 Months 9 Days 16
If less than one day hr. min.

9. Birthplace Whitesburg Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor

11. Industry or business Retired

12. Name John Quincy Adams

13. Birthplace Letcher Co. Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Lear

15. Birthplace Letcher Co. Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Sallie Ann Adams

(b) Address 2840 Mabash

17. (a) Burial (b) Date thereof Jan 26 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Imperial Park Cemetery

18. (a) Signature of funeral director D. H. Newcomer
(b) Address 1401 Brush Creek Blvd

19. (a) 1-26-48 (b) Stearline Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 24
year 1948 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 15
1948 to January 24 1948
that I last saw him alive on January 20 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease -
with congestive Heart Failure -

Due to.....
Due to.....
Other conditions None
(Include pregnancy within 3 months of death)

Major findings of operations None
Of autopsy No

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?..... Means of injury.....

23. Signature Paul S. Johnson (M. D. or other) 0
Address 3011 A. Cady Ave Date signed 1-26-48

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause of which death should be charged statistically.

3011 D. J. Phelps Moore - 2011 m

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: E. Oscar Northey
Licensed Embalmer No. 1767
P. O. Address: Kansas City, 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.