

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 26

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Rural Prairie Twp
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Jackson Co. Home for Aged, White
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 18 yrs - 9 mth 29 ds
(Specify whether years, months or days)

In this community 30 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 41
 (c) City or town 1838 Democrat Ave
(If outside city or town limits, write "RURAL")
 (d) Street No. KANSAS CITY
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME YDA BELL ADAMS
 (b) If veteran, name war None
 (c) Social Security No. 510-05-7099

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 3 year 1948 hour 8 minute 05 AM

4. Sex 7 / 5. Color or race W
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: 2-14-1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 25, 1948 to Feb 3, 1948
 (that I last saw her alive on Feb 3, 1948 and that death occurred on the date and hour stated above.)

8. AGE: Years 73 Months 11 Days 19 If less than one day _____ hr. _____ min.

Immediate cause of death cerebral hemorrhage
 Due to _____
 Due to _____

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Other conditions 83A
(include pregnancy within 3 months of death)

MOTHER FATHER
 11. Industry or business _____
 12. Name Wm Davis
 13. Birthplace Uniontown Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Laura Arno
 15. Birthplace Uniontown Kentucky
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings: 83A
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Jackson Co. Home Records
 (b) Address 191st #4, Indep, Mo
 17. (a) Burial (b) Date thereof 2/5/48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation My Washington Cem
 18. (a) Signature of funeral director Geo. C. Garrison
 (b) Address Independence, Mo
 19. (a) FEB. 5 1948 (b) Donald C. Earnshaw
(Date received local registrar) (Registrar's signature)

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 J. J. Gier (M. D. or other) _____
 Address Independence, Mo Date signed 2/4/48

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..... *R. A. Lisle*.....

Licensed Embalmer No. *4123*.....

P. O. Address *Independence, 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.