

FILED JUN 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19386

2444

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sheldon</u>	
c. LENGTH OF STAY (in this place) <u>23 1/2 days</u>		d. STREET ADDRESS (If rural, give location) <u>-----</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kansas City Genreal Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Laura</u> b. (Middle) <u>B</u> c. (Last) <u>Adams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 5th 1949</u>
5. SEX <u>Fe.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>12-2-1868</u>
9. AGE (in years last birthday) <u>80</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Indiana</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>David Ross</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Fowler</u>	14. NAME OF HUSBAND OR WIFE <u>Mr. Roy Adams</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Roy Adams, Sheldon, Missouri</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Carcinoma of Vulva</u> <u>cirrhosis of liver</u> <u>176X</u>			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Excise</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>5-12-49</u> , 19 <u>49</u> , to <u>6-5-49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6-5-</u> , 19 <u>49</u> , and that death occurred at <u>8 1/2 a m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm. W. Hart</u> (Degree or title) _____		23b. ADDRESS <u>Med. Dir General Hosp #1</u>	23c. DATE SIGNED <u>6-5-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-5-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sheldon, Missouri</u>	24d. LOCATION (City, town, or county) (State) <u>Sheldon, Missouri</u>
DATE REC'D BY LOCAL REG. <u>6-5-49</u>	REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. C. L. Forster, K. C. Mo.</u>	

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WRITE PLAINLY—USING 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.....

.....  
working under my personal supervision.

.....  
Student Embalmer No. ....

Signed.....

*Jan Clark*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4216

P. O. Address N. C. Me

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.