

REC'D AUG 8 1938

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

24185

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City, Mo. (d) Street No. 6609 Indep. Ave. Registered No. 2590 St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Barney Worth McAdoo

(a) Residence, No. 6609 Indep. Ave., K. C. Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cledia Cooley McAdoo

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/10/1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
43 0 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
 9. Industry or business in which work was done, as saw mill, bank, etc. Sheffield Steel  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla.13. NAME William McAdoo14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record15. MAIDEN NAME Sarah Morse16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Medicine Lodge Kans.17. INFORMANT (ADDRESS) Mrs. Barney McAdoo 6609 Indep. Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washing on DATE 8/6/3819. FUNERAL DIRECTOR (NAME) (ADDRESS) Sheil Funeral Home 6606 Indep. Ave., K. C. Mo.20. FILED 7-5 1938 M. M. Crowe Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-3-38

22. I HEREBY CERTIFY, That I attended deceased from

I last saw deceased on 7-3-38 at 4:00 P.M. Death is said to have occurred on the date stated above, at 4:00 P.M.  
 The principal cause of death and related causes of importance were as follows:

Chronic arthritis & narrowing of both coronary arteries  
with chronic fibrous myocardium

Other contributory causes of importance:  
Pulmonary congestion & edema

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter H. Smith, M. D.(Address) Wal Hosp, K.C. Mo.

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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 *K.C. 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, above space should be left blank.**