

REG'D FEB 6 1939

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

1600
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 81
(b) Township Bloomington Primary Registration District No. 4049
(c) City DeKalb, (d) Street No. DeKalb, Missouri, 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 38 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James W. McAdow,

(a) Residence, No. DeKalb, Missouri, 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 Nina McAdow,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan'y 31, 1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
55 11 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Physician,
9. Industry or business in which work was done, as saw mill, bank, etc. Self,
10. Date deceased last worked at this occupation (month and year) Sept. 1938
11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte County, Missouri,

13. NAME James W. McAdow,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Missouri,

15. MAIDEN NAME Alice Steele,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Missouri,

17. INFORMANT (ADDRESS) Mrs. J. W. McAdow, DeKalb, Missouri,

18. BURIAL, CREMATION, OR REMOVAL PLACE DeKalb, Mo. DATE Jan'y 10th, 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Heaton White Bowman, St. Joseph, Mo. Successor Home

20. FILED Feb 4, 1939 J. W. McAdow-deceased Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan'y 8th, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-1- 1938, to 1-8-39, 1939

I last saw h. live alive on 1-7- 1939 Death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance were as follows:

Teratoma of Testis (Cancer) Date of onset 1927
51

Other contributory causes of importance: Metastasis of teratoma 9-1-38

Name of operation Orchiectomy Date of no memory
What test confirmed diagnosis? Laboratory Was there an autopsy? No

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? No
If so, specify _____ (Signed) Paul Jorgensen, M. D.

(Address) St. Joseph, Mo.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Arg Mrs J. W. McAdow (License Expiration Statement on Reverse Side)

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,

Jan 8th 19

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

W. E. Summerfield

Licensed Embalmer No. *3007*

P. O. Address *319 S. 10th St. Joseph*

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.