JL 15

S. No. 2
—11-10-39
7. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20751

Primary Registration District No. 1002

Registrar's No. 2368

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3 810 mercier 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether) In this community (years, months or days): About 20 years

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.: 3810 Mercier (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: James Franklin McAdams 235

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: Wh.

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Mary Ella McAdams

6. (c) Age of husband or wife if alive: XX years

7. Birth date of deceased: October 13, 1852 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
87	7	25	____ hr. ____ min.

9. Birthplace: Ill. (City, town, or county) (State or foreign country)

10. Usual occupation: Retired for at least 9

11. Industry or business: 20 years

FATHER

12. Name: Don't know

13. Birthplace: Don't Know (City, town, or county) (State or foreign country) 1

MOTHER

14. Maiden name: Sarah Kirkpatrick

15. Birthplace: Ill. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. H. S. Shaw

(b) Address: 3810 Mercier

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 10 '40 (Month) (Day) (Year)

(c) Place: burial or cremation: Lenexa, Kansas

18. (a) Signature of funeral director: R. V. LINDSEY & SONS INC.

(b) Address: 3811 Brdy. K. C. Mo.

19. (a) June 10, 1940 (Date received local registrar) (b) M. M. Crosier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8th day June year 1940 hour 5 minute 15 p M.

21. I hereby certify that I attended the deceased from March, 1940 to May, 1940, that I last saw him alive on about May 27, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial failure	30 days
Due to: Generalized arteriosclerosis	Indefinite
Due to: 93 D	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: no	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(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? (e) Means of injury: 1

23. Signature: J. H. Farnsworth (M. D. or other) MD

Address: 1103 Grand Date signed: 6-9-40

(Licensed Embalmer's 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, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Pearce Wheeler

Licensed Embalmer No. 3738

P. O. Address KC, 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.