

No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13950

State File No. _____

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 429

1. PLACE OF DEATH:

(a) County BUCHANAN

(b) City or town ST. JOSEPH

(c) Name of hospital or institution: STATE HOSPITAL No. 2
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 11 1/2 ds.
(If not in hospital or institution, write street number or location)

In this community 1 1/2 mo. 11 da. (Specify whether years, months or days)

3. (a) PRINT FULL NAME John McAdam

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive 2 years (Day) (Year)

7. Birth date of deceased Mar. 19 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 27 If less than one day hr. min.

9. Birthplace Clay Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation pharmacist

11. Industry or business _____

12. Name Hughy Vincent McAdam

13. Birthplace M. C.
(City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant Martha Nelson

(b) Address Cameron, Mo.

17. (a) Cameron, Mo. (b) Date thereof 4-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McAdam's Cemetery

18. (a) Signature of funeral director Palmer Funeral Home

(b) Address Cameron, Missouri

19. (a) Apr 23-41 (b) Nestlebusch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Jackson ⁴⁸

(c) City or town R. C. Harrison ³
(If outside city or town limits, write "RURAL")

(d) Street No. 1224 Harrison ⁸
(If rural, give location)

(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. 16 day _____
year 1941 hour 4-30 minute 2 M.

21. I hereby certify that I attended the deceased from Mar. 5, 1941, to Apr. 16, 1941
that I last saw him alive on April 16, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage "stroke" ^{3 mos.}

Due to "arteriosclerosis" ^X

Due to _____

Other conditions 178 in
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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

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?
85 (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature J. J. O'Dell (M. D. or other) J. J. O.
Address St. Joseph Date signed 4/16/41

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

MOTHER FATHER

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.

Not Embalmed

Signed James Scott Hutchko
Licensed Embalmer No. 4092

P. O. Address.....

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.