No. 2
—1-4-41
5-17-39
FILED AUG 11 1941 85

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24544

Registration District No. _____ Primary Registration District No. 1001 Registrar's No. _____

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

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2325 South 12th St (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 2325 So 12th St (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: Minnie McAdams
3. (b) If veteran, name war: None
3. (c) Social Security No. 493-14-6410

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: deceased
(c) Age of husband or wife if alive: _____ years
George McAdams
7. Birth date of deceased: October 28 1877 (Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 20 If less than one day: _____ hr. _____ min.

9. Birthplace: Brooklyn (City, town, or county) N.Y. (State or foreign country)
10. Usual occupation: Housekeeper
11. Industry or business: _____
FATHER
12. Name: Albert Hansen
13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Ella Murphy
15. Birthplace: Unknown (City, town, or county) N.Y. (State or foreign country)
16. (a) Informant: Rose Baldwin
(b) Address: 2325 So 12th St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-19-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Auburn Cem
18. (a) Signature of funeral director: Gray Barn Funeral Home
(b) Address: 218 So 10th St
19. (a) July 19 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1941 hour 1 minute 50 A.M.
21. I hereby certify that I attended the deceased from June 1, 1941, to July 18, 1941; that I last saw her alive on July 17, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of stomach — Duration: 7
Due to: Carcinomatosis
Due to: _____
Other conditions: _____ (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? _____ (Specify type of place)
While at work? _____ (e) Means of injury: _____

23. Signature: S. E. Senor M.D. (M. D. or other) M.D.
Address: St Joseph, Mo. Date signed: 7-18-41

(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 Victor J. Barry

Licensed Embalmer No. 4212

P. O. Address Saint Joseph Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.