

FILED SEP 18 1941

Registration District No. 729

Primary Registration District No. 6963

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Cairo Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(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 (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Cairo Township
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Lucy Ella McAdam

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles McAdam 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 19th 1849
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>92</u>		<u>18</u>	_____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas P. Coates

{ 13. Birthplace Ky
(City, town, or county) (State or foreign country)

{ 14. Maiden name Susan Lainer

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

16. (a) Informant Mrs W. S. Cox

(b) Address P.O. Cairo Mo

17. (a) Burial (b) Date thereof Aug 10 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Moberly Mo

(b) Address Moberly Mo

19. (a) Sept 4 (b) J.P. Allen
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7th
year 1941 hour 10 minute 20 P.M.

21. I hereby certify that I attended the deceased from Aug 5, 38
Aug 7 1941 to Aug 7 1941
that I last saw him alive on Apr 4 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Inducted Hypertension

Due to _____

Due to _____

Other conditions _____
--(Include pregnancy within 3 months of death)

Major findings: 131B

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Lothiel M.D. (Physician's signature)

Address Moberly Mo Date signed Aug 8, 41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 9-4-1646

Date Filed SEP. 12, 1941

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 Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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, fact should be so stated above.