. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 7 1942

Registration District No. 20

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4014

State File No. 10036 3

Registrar's No.

03
2
0

1. PLACE OF DEATH:

(a) County Atchison

(b) City or town Tarkio Twp.
(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 ✓ 1 (Specify whether
In this community 60
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison 003 2 0

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

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

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Chas Madison McAdams

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Mar 1

6. (b) Name of husband or wife Elizabeth Amelia McAdams

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Nov (Month) 23 (Day) 1867 (Year)

8. AGE: Years 74 Months 2 Days — If less than one day ..... hr. ..... min.

9. Birthplace Sonora 0 Mo. Atchison
(City, town, or county) (State or foreign country)

10. Usual occupation Reed Station R R agent

11. Industry or business

FATHER
12. Name Wm M. McAdams
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rachel Ralston
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth McAdams
(b) Address Tarkio, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26 42 (Month) (Day) (Year)
(c) Place: burial or cremation Tarkio Home Cemetery

18. (a) Signature of funeral director J M Davis Funeral Home
(b) Address Tarkio Mo.

19. (a) Jan 27-42 (Date received local registrar) (b) Mrs. Darrell Martin (Registrar's signature) 1110

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
year 1942 hour 10:00 ~~AM~~ minute 100 M.

21. I hereby certify that I attended the deceased from May-12-1941, 19..., to Jan.-23-1942, 19...
that I last saw him alive on Jan.-22 1942, 19...
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Progressive Bulbar Paralysis	2yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

82.11

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 J M Davis (M. D. ~~or other~~)
Address Tarkio Mo. Date signed 1-24-42

(Licensed Embalmer's Statement on Reverse Side) 10

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 Jno. M. Davis

Licensed Embalmer No. 2394

P. O. Address: Parkin, 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.