

FILED JAN 11 1944  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3054

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: McCormick Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton

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

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

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary McAdams

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 Married

6. (b) Name of husband or wife Albert McAdams

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

7. Birth date of deceased January 7 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 11 5 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name George W. Kendrick

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

14. Maiden name Marinda Lou Keen

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

16. (a) Informant Mr. George W. Kendrick

(b) Address Prarie Hill, Missouri

17. (a) burial (b) Date thereof 12/14/1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Prairie Hill

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntsville, Mo

19. (a) \_\_\_\_\_ (b) Irma Hove  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12  
year 1943 hour 5 minute 20 p M.

21. I hereby certify that I attended the deceased from Nov 21 1943 to Dec 12 1943  
that I last saw her alive on Dec 12 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Obstruction of bowels

Due to Carcinoma of sigmoid flexure of bowels

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: carcinoma sigmoid flexure of bowels  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature G. L. McCormick (M. D. or other)

Address Moberly, Mo Date signed 12-12-43

1-5-43 1096

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File No. 1-44-58

Date Filed JAN 10 1944

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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 Paul F Patton

Licensed Embalmer No. 4095

P. O. Address Huntville, 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.