S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 15 1944

Registration District No. 278

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38581

Primary Registration District No. 5955

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution:
Rual Near Ashburn Salt River Twp
(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 Life Time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

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

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

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

If yes, name country ---------

3. (a) PRINT FULL NAME Edward McAdams

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased Aug. (Month) 20 (Day) 1851 (Year)

8. AGE: Years 93 Months 2 Days 8 If less than one day * hr. min.

9. Birthplace Pike County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Stephen McAdams
13. Birthplace ---------- (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Elizabeth Friar
15. Birthplace Un known (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harve Houchins
(b) Address Ashburn Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 30 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Tatlor Chapel

18. (a) Signature of funeral director Garner & Sterne
(b) Address Louisiana MO.

19. (a) Nov 3rd '44 (Date received local registrar) (b) Mrs R.C. Hohman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23
year 1944 hour 7:45 minute PM M.

21. I hereby certify that I attended the deceased from ____, 19__, to Oct 25, 1944
that I last saw him alive on Oct 25, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Hardening of Arteries

Due to Inter Stitcar Nephritis Chronic

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

131a

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 D M Pearson (M. D. or other)

Address Louisiana Mo. Date signed 11/27/44

1169

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-44-197
Date Filed DEC 13 1944

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 J. B. Stone

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.