V. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26505

FILED SEP 1 1945

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3391

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community 12 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Platte 83
(c) City or town Parkville Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 3 mi N.W
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Edward McAdam
3. (b) If veteran, name war No
3. (c) Social Security No 486-01-9463
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Ella McAdam
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Sept 15 (Month) 1881 (Day) (Year)

8. AGE: Years 63 Months 8 Days 19 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Mo (State or foreign country)
10. Usual occupation Book binder
11. Industry or business
FATHER
12. Name Daniel McAdam
13. Birthplace Troy (City, town, or county) New York (State or foreign country)
MOTHER
14. Maiden name Annie Jane Orcit
15. Birthplace Troy (City, town, or county) N.Y. (State or foreign country)
16. (a) Informant Mrs Mary McAdam
(b) Address 4624 East 7th St.
17. (a) removal (Burial, cremation, or removal) (b) Date there June 7 - 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Parkville Mo
18. (a) Signature of funeral director L H Francis
(b) Address Parkville Mo
19. (a) 8-13-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1945 hour 5 minute 45 P.M.
21. I hereby certify that I attended the deceased from May 25, 1945, to June 4, 1945, that I last saw him alive on June 4, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma
Due to Hypostatic pneumonia
Due to Carcinoma Sigmoid
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.

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 G Montgomery (M. D. or other)
Address Profess Bldg Date signed

(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 me

, Registered Apprentice No.

working under my personal supervision.

Signed L H Francis

Licensed Embalmer No. 3451

P. O. Address Parkville 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.