DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40712

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 5415

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K. C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2409 Paseo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 23 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town K. C.
(If outside city or town limits, write "RURAL")
(d) Street No. 2409 Paseo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Sadie McAdams
3. (b) If veteran, name war — no
3. (c) Social Security No. no
4. Sex Fe. 3
5. Color or race Col
6. (a) Single, widowed, married, divorced Wid. 2
6. (b) Name of husband or wife Henry McAdams
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Dec. (Month) 18 (Day) 1873 (Year)

8. AGE: Years 73 | Months 0 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace Glasgow (City, town, or county) Mo. U (State or foreign country)
10. Usual occupation unemployed
11. Industry or business —
FATHER
12. Name Gus Taylor
13. Birthplace ____ (City, town, or county) Unk. 1 (State or foreign country)
MOTHER
14. Maiden name Fannie
15. Birthplace ____ (City, town, or county) W. Va. 1 (State or foreign country)
16. (a) Informant Sadie Ford
(b) Address 2409 Paseo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Highland
18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th K. C. Mo
19. (a) 12-26-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22 year 1946 hour 2 minute A. M.
21. I hereby certify that I attended the deceased from Dec. 22 1946 to DEC 22 1946 that I last saw her alive on DEC 22 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to ____

Due to ____

Other conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 8 3 N
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 0

23. Signature L. V. Miller (M. D. or other)
Address 1203 Paseo Date signed 12/23/46

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed A. T. Moore

Licensed Embalmer No. 948

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above