No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14202

State File No. 14202

Registration District No. 209 | Primary Registration District No. 3043 | Registrar's No. 153

1. PLACE OF DEATH:

(a) County: Marion

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

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

(d) Length of stay: In hospital or institution: 1 week (Specify whether years, months or days)

In this community: 4 months

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Marion 64

(c) City or town: Hannibal (If outside city or town limits, write "RURAL") 3

(d) Street No.: 2310 W. Gordon St. (If rural, give location) 4 0

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

If yes, name country: ----

3. (a) PRINT FULL NAME: Roy J. McAdams

3. (b) If veteran, name war: --

3. (c) Social Security No.:

4. Sex: male

5. Color or race: white

6. (a) Single, widowed, married, divorced: single

6. (b) Name of husband or wife: ----

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

7. Birth date of deceased: May (Month) 20 (Day) 1892 (Year)

8. AGE: Years 54 | Months 10 | Days 18 | If less than one day: - hr. - min.

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

10. Usual occupation: retired

11. Industry or business: -----

MOTHER FATHER

12. Name: Stephen McAdams

13. Birthplace: Saverton (City, town, or county) Missouri (State or foreign country)

14. Maiden name: Annie L. Owens

15. Birthplace: Madisonville (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Samuel Watts

(b) Address: 2310 W. Gordon, Hannibal, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Apr. 12, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Olivet Cemetery

18. (a) Signature of funeral director: Roy P. Schwartz

(b) Address: 1000 Broadway, Hannibal, Mo.

19. (a) 4-15-47 (Date received local registrar) (b) Wm R M Luske (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9 year 1947 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from 2 April, 1947, to 9 April, 1947; that I last saw him alive on 9 April, 1947, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: coronary occlusion — Duration: 7 days

Due to: coronary sclerosis

Due to:

Other conditions: Hypertension (Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: 94A

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: [illegible] (M. D. or other)

Address: 113a South Main Date signed: 12 Apr 47

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(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. Paul Richard Brown

Licensed Embalmer No. 4324

P. O. Address. Hannibal, 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.