

S. No. 2  
12-45  
5-17-39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23512

State File No. \_\_\_\_\_

Registration District No. 43

Primary Registration District No. 5142

Registrar's No. 262

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution:  
Hy 67 2 mi. north Neelyville, Mo  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. NEELY Twp  
(Specify whether)

In this community Transient  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County 999

(c) City or town Longview  
(If outside city or town limits, write "RURAL") 41

(d) Street No. \_\_\_\_\_  
(If rural, give location) 3

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George R. McAdams

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 384-07-2572

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Oct. 15 1894  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>52</u>	<u>8</u>	<u>19</u>	hr. _____ min. _____

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

10. Usual occupation Inspector

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

MOTHER FATHER { 12. Name Ellam McAdams

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

14. Maiden name Taylor

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

16. (a) Informant Paul McAdams

(b) Address Longview, Texas

17. (a) Removal (b) Date thereof 7/5/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alton, Ill.

18. (a) Signature of funeral director Greer Croy & Fitch

(b) Address Poplar Bluff, Mo.

19. (a) 7-7-47 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4  
year 1947 hour 3 minute 30 A. M.

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

Immediate cause of death Fractured skull (Frontal bone)

Due to Automobile wreck

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

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

Major findings: Of operations \_\_\_\_\_

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 12

(b) Date of occurrence 7/4/47

(c) Where did injury occur? Butler Co Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Highway

While at work? NO (Specify type of place) (e) Means of injury Car wreck

23. Signature [Signature] Coroner 3  
(M. D. or other)

Address Poplar Bluff, Mo. Date signed 7/5/47

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

with Edw M. Weber

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

PM 1.50

002

RECEIVED

District Health Office No. 2,

District File Number 247-972

Date Filed 2-14-47

JUL 22 1947

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.....

John M. Davis....., Registered Apprentice No. 477  
working under my personal supervision.

Signed..... Wallace N. Fitch.....

Licensed Embalmer No. 3859.....

P. O. Address..... Poplar Bluff, 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.