

Registration District No. **370**

Primary Registration District No. **6258**

Registrar's No. **8**

1. PLACE OF DEATH:
(a) County **Woye**
(b) City or town **Greenfield Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: **10** hospital or institution (Specify whether
In this community **Life time** years, months or days)

3. (a) PRINT FULL NAME **George Monroe McAdams**
3. (b) If veteran, name war **—** 3. (c) Social Security No. **—**

4. Sex **MO** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W**
6. (b) Name of husband or wife **—** 6. (c) Age of husband or wife if alive **—** years
7. Birth date of deceased **March 16 1869**
(Month) (Day) (Year)

8. AGE: Years **79** Months **0** Days **27** If less than one day hr. min.

9. Birthplace **Woye Co. Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **laborer**

11. Industry or business **Saw mill**

12. Name **George M. Adams**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Frank Wilber**

(b) Address **Greenfield, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4 13 1948**
(Month) (Day) (Year)

(c) Place: burial or cremation **Greenfield Cemetery**

18. (a) Signature of funeral director **G. J. Washel**
(b) Address **Greenfield, Mo.**

19. (a) **Aug 7 - 48** (Date received local registrar) (b) **Mabel Beasley** (Registrar's signature) **348**

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **11**
year **1948** hour **11** minute **A** M.
21. I hereby certify that I attended the deceased from **April 4 48**
April 10 48 to **July 17 48**
that I last saw him alive on **April 7 48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Brights**
Due to **—**
Due to **—**
Other conditions (Include pregnancy within 3 months of death) **—**
Major findings: **1310**
Of operations **—**
Of autopsy **—**

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? **—**

While at work? (Specify type of place) (e) Means of injury **—**
23. Signature **Adrian F. Wagner** (M. D. number) **—**
Address **Greenfield, Mo.** Date signed **4/13/48**

RECEIVED

Health Officer No. 4
File Number 848-9
Date Filed 8-10-4

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.....

Fris S. Marshall

Registered Apprentice No. 91

working under my personal supervision.

Signed *William Poole*

Licensed Embalmer No. 3723

P. O. Address *Piedmont*

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.