

No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40827

FILED DEC 22 1948

Registration District No. 217

Primary Registration District No. 4329

Registrar's No. 112

1. PLACE OF DEATH:

(a) County Mississippi

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

(c) Name of hospital or institution:

1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----- (Specify whether)

In this community 20 years
years, months or days

3. (a) PRINT FULL NAME H. F. McAdory

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

3. (c) Social Security No. -----

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Alma McAdory

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Sept. 16, 1864
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|-----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>84</u> | <u>2</u> | <u>24</u> |hr.min. |

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

10. Usual occupation Minister

11. Industry or business Preaching

MOTHER FATHER

12. Name LaVelle McAdory

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

14. Maiden name Unknown

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

16. (a) Informant Viola Foster

(b) Address Wyatt, Missouri (P.O. Box 692)

17. (a) Burial (b) Date thereof Dec. 14, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director F. J. Sparks
Charleston, Missouri

(b) Address -----

19. (a) 12-14-48 Mrs. John Bondurant
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

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

(d) Street No. ----- (P.O. Box 692.)
(If rural, give location)

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

If yes, name country -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, day 10
year 1948 hour 1:45 minute P.M.

21. I hereby certify that I attended the deceased from May, 1943 to Dec 10, 1948; that I last saw him alive on Dec 10, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Thrombosis

Duration 3 mos.

Other conditions (Include pregnancy within 3 months of death)

Due to -----

Major findings: Of operations [Signature]

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) -----

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 -----

Signature [Signature] (Date or other) -----

Address Wyatt Mo. Date signed 12-14-48

RECEIVED

District Health Office No. 2

District File Number 1248-1679

Date Filed 12-20-48

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 Frank J. Sparks

Licensed Embalmer No. 3453

P. O. Address Cape Girardeau, 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.