

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution _____
(If outside city or town limits, write "RURAL" and name of township)
2120 Pennsylvania
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution _____
(Specify whether)
In this community 43 years.
years, months or days)

3. (a) PRINT FULL NAME Edward M. MC-Adams 235
3. (b) If veteran, name war No
3. (c) Social Security No. 702-16-7430

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mabel MC-Adams
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased June 17, 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>1</u>	<u>14</u>	_____ hr. _____ min.

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

10. Usual occupation Passenger and Freight Agent

11. Industry or business Missouri Pacific R.R. Co.

12. Name Stewart McAdams

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

14. Maiden name Jane Coleman

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

16. (a) Informant Julius McAdams
(b) Address 2120 Penn. Ave;

17. (a) Burial (b) Date thereof Aug. 2, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cem;
Hurlbut Und. Co;

18. (a) Signature of funeral director _____
(b) Address Joplin Mo;

19. (a) 8-2-40 (b) Ed James
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin Missouri;
(If outside city or town limits, write "RURAL")
(d) Street No. 2120 Penn. Ave;
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31, 1940.
year _____ hour 9-20 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Aug 26 - 1939
_____ 19 to July 31, 1940
that I last saw him alive on July 31
and that death occurred on the date and hour stated above. year _____

Immediate cause of death Bronchial Tuberculosis Duration _____

Due to Hemiplegia, Jan 18 - 1940

Due to Embolicism

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

Major findings: _____
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?
372 (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Dr. E. W. Weygand or other Dr.
Address 719 Tracy St. Joplin Mo. Date signed 8/1/40

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

49
3-

100

40-8-287

107K

JUN 9 1948

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 Steve D. Parker

Licensed Embalmer No. 25748

P. O. Address Joplin 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25-458

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 411

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(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: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Eduard M. McAdams

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 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. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
93 1 14 _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof. (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 8-2-40 (b) E. D. James (Date received local registrar) (Registrar's signature)

DEATH CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1970 hour _____ minute _____ 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 Broncho Pneumonia
Hemiplegia - Jan 18 - 1940
Embolism
was not sequelae of cerebral
thrombosis
Other conditions thrombosis of cerebral
(include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____

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 E. W. Weyandt (M. D. or other) _____

Address Joplin _____ Date signed _____

SUPPLEMENTARY

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

