

FILED AUG 10 1942 726

Registration District No.

Primary Registration District No. 5958

Registrar's No. 293

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

1. PLACE OF DEATH:

(a) County Balls

(b) City or town Rural - Leverton Township
(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 46 years
years, months or days

3. (a) PRINT FULL NAME Everett Armstrong Mc ADAMS

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

3. (c) Social Security No.

4. Sex Male 5. Color or Trace white

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

6. (b) Name of husband or wife Lula Strother Mc Adams

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased July 10 1883
(Month) (Day) (Year)

8. AGE: Years 59 Months 0 Days 21
If less than one day
.....hr.min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Theophilus Mc Adams

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

14. Maiden name Margaret Elwell

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

16. (a) Informant Lula Mc Adams

(b) Address Beech, Mo.

17. (a) Rural (b) Date thereof Aug. 2, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mc Adams Family Cemetery

18. (a) Signature of funeral director Ray P. Stewart

(b) Address 1000 Edgewood, Leverton, Mo.

19. (a) 8-4-42 (b) R. B. Bentley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Balls

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

(d) Street No. Near Beech, Mo.
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1942 hour 4 minute 14 A.M.

21. I hereby certify that I attended the deceased from 12-7, 1942 to 7-1, 1942
that I last saw him alive on 7-1
and that death occurred on the date and hour stated above.

Immediate cause of death Independent brain tumor

Due to.....

Due to..... 548

Other conditions (Include pregnancy within 3 months of death)

Major findings: Independent brain tumor 12-18-42

Of operations.....

Of autopsy None

Duration

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) no

(b) Date of occurrence none

(c) Where did injury occur? none
(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)

(a) Means of injury.....

23. Signature R. B. Bentley (M. D.)

Address Leverton, Mo. Date signed 8-4-42

RECEIVED

District Health Officer No. 10

District File Number 8-42-1513

Date Filed AUG 7 1942

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 Roy P. Schwartz

Licensed Embalmer No. 1765

P. O. Address. 1071 Edison, Hamilton, N.Y.

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.