

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15131
Do not use this space.

REC'D MAY 19 1939

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
(b) Township Marion Primary Registration District No. 3020 Registered No. 76
(c) City Carthage (d) Street No. Stone Memorial Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 214 James Merrill Wakefield

(a) Residence, No. Carthage, Route #2 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Millie Hayzlett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20, 1886
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 7 8
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer & Stockman
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Jasper County
(STATE OR COUNTRY) Missouri 0

FATHER 13. NAME Pater Wakefield 1
14. BIRTHPLACE (CITY OR TOWN) Ohio 1
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Anna Wolff 1
16. BIRTHPLACE (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

17. INFORMANT Mrs. Wakefield
(ADDRESS) Carthage, Route #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE 4-30-39 19.

19. FUNERAL DIRECTOR (NAME) Ulmer Funeral Home
(ADDRESS) Carthage, Mo.

20. FILED April 29, 1939 E. J. McIntire, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28-39 1939

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1939, to April 28, 1939
I last saw him alive on April 28, 1939. Death is said to have occurred on the date stated above, at 10:00 p.m.
The principal cause of death and related causes of importance were as follows:

Leukemia Date of onset

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? Blood Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Albert B. Wheeler, M.D.
865 (Address) Carthage, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 6-5-39-1051

Date Filed MAY 10 1939

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

Ed [Signature]

Licensed Embalmer No.

2722

P. O. Address

Cartage

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, above space should be left blank.