S. No. 2
—11-10-39
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39042

Registration District No. 464 Primary Registration District No. 5626 Registrar's No. 43

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

1. PLACE OF DEATH:
(a) County Lafayette
(b) ~~City or town~~ Rural Washington Twnship
(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 2 (Specify whether
In this community 40 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette
(c) City or town Rural
(If outside city or town limits write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Emma T. Wade
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fe
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J.A.Wade
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Sept. (Month) 1, (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
70	2	8	hr. min.

9. Birthplace Bedford (City, town, or county) Virginia (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name J.W.Johnson
13. Birthplace Bedford, (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name Nancy D. Robertson
15. Birthplace (City, town, or county) Virginia (State or foreign country)
16. (a) Informant J.D.Wade
(b) Address Odessa, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 11, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Odessa, Mo. Cemetery
18. (a) Signature of funeral director L.C. Husman
(b) Address Odessa, Mo.
19. (a) Nov-10-1940 (Date received local registrar) (b) Mrs E. M. Goodwin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9
year 1940 hour 10 minute 15 A.M.
21. I hereby certify that I attended the deceased from July 10, 1940, to Nov 9, 1940
that I last saw her alive on Nov 5, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	30 or 4 mon
Due to Hypertension	
Due to and Nephritis	3 yrs
Other conditions Anasarca (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 12

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature L. Schooley (M. D. or other)
Address Odessa Mo. Date signed 4/11/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 12-7-40
Date Filed

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 Irving L. Hiesman

Licensed Embalmer No. 2541

P. O. Address Odessa, 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, above space should be left blank.