

No. 2  
1-10-39  
17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42076

FILED JAN 13 1941

Registration District No. 135

Primary Registration District No. 3010

Registrar's No. 110

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

I. PLACE OF DEATH:

(a) County Cassell  
(b) City or town Cassell  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Bales Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days (Specify whether  
In this community W. years, months or days) 1

3. (a) PRINT FULL NAME John William Wakefield

8. (b) If veteran name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced Single M

6. (b) Name of husband or wife Mary Batis Wakefield 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 1 3 1873  
(Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 7 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Labour

11. Industry or business 1

12. Name Joseph Wakefield

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

14. Maiden name Family Wakefield

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

16. (a) Informant Mary Ellen Wakefield

(b) Address Cassell Mo

17. (a) Burial (b) Date thereof 12 12 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Cassell

18. (a) Signature of funeral director Walter Marshall  
(b) Address Cassell Mo

19. (a) 12-11-1940 (b) John Haskins  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cassell  
(c) City or town Cassell  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 10  
year 1940 hour \_\_\_\_\_ minute 9-15 P. M.

21. I hereby certify that I attended the deceased from 12-7  
1940, to 12-10, 1940;  
that I last saw him alive on 12-10-40, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Stewart by cut Pons Duration 3 days

Due to Arteriosclerosis - Hypertension - acute P  
Due to Strain 12-7-40

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations JJ W PHYSICIAN  
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? \_\_\_\_\_

130 While at work? Yes (Specify type of place) L. H. Haskins  
(a) Means of injury Strain

23. Signature Eugene J. Bales (M. D. or other) \_\_\_\_\_  
Address Cassell Mo Date signed 12-10-40

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 7-8-47

**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 J. E. Miller

Licensed Embalmer No. 1783

P. O. Address Carleton Mich

**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.