No. 2
-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7906

FILED MAR 19 1941

Registration District No. 9/9

Primary Registration District No. 5950

Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County Putman

(b) City or town Worthington (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Worthington (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 80 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putman

(c) City or town Worthington Mo (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 Gerrett Grandville Wade

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Wifen Ellen Wade

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Dec. (Month) 15 (Day) 1860 (Year)

8. AGE: Years 80 Months no Days 20 If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business farm

FATHER
12. Name Thomas Wade
13. Birthplace unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Celia Collens
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant William Wade
(b) Address Kirksville Mo.

17. (a) Rburial Cmt. (Burial, cremation, or removal) (b) Date thereof Jan. 6, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Cemt.

18. (a) Signature of funeral director D E Riley
(b) Address Kirksville Mo.

19. (a) Jan. 10-1941 (Date received local registrar) (b) Marvin Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5 year 1941 hour 10.30 minute A M.

21. I hereby certify that I attended the deceased from Jan 2, 1941, to Jan 5, 1941, that I last saw him alive on Jan 5, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation + Chronic Nephritis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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)
(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 P V Hart (M. D. or other)
Address Jan Coatsville Mo. Date signed 1/7-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-41-492
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 Laura Riley, Registered Apprentice No. working under my personal supervision.

Signed Laura A. Riley

Licensed Embalmer No. 3907

P. O. Address Kirksville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.