

No. 2
4-13-40
5-17-39
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FILED JUN 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18199
Registrar's No. 65

Registration District No. 431

Primary Registration District No. 3023

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

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Warrensburg
(c) Name of hospital or institution 116 Hunt St.
(d) Length of stay: In hospital or institution 2 yrs.
In this community 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson
(c) City or town Warrensburg
(d) Street No. _____
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Wade Hampton Laden
(b) If veteran, name war _____
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 2 year 1941 hour B:30 minute A M.
21. I hereby certify that I attended the deceased from Feb - 28 - 41 to May 2 - 41 19____; that I last saw him alive on May 1 - 41 19____; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Olura Laden
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug - 12 - 1878

Immediate cause of death Cerebral Hemorrhage Duration 10 days
Due to He was in serious accident a few months ago
Due to cancer shock & internal injury that no doubt hurried his death
Other conditions his death
(Include pregnancy within 3 months of death)

8. AGE: Years 62 Months 8 Days 20 If less than one day _____ hr. _____ min.
9. Birthplace Kennett Mo.
10. Usual occupation Cook

Major findings: 195 W. H. D.
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name Joseph Laden
13. Birthplace Kennett Mo.
14. Maiden name Matilda Chess
15. Birthplace Unknown Tenn.
16. (a) Informant Mrs. Wade H. Laden
(b) Address Warrensburg - Mo.
17. (a) Burial (b) Date thereof May 5 - 1941
(c) Place: burial or cremation Hessmerville
18. (a) Signature of funeral director Spiceberry Phillip
(b) Address Warrensburg - Mo.
19. (a) May 5 - 1941 (b) Behtio Bentley

22. If death was due to external causes, fill in the following: Was in hotel
(a) Accident, suicide, or homicide (specify) fall when took to building
(b) Date of occurrence Fall - 1940
(c) Where did injury occur? Kansascity Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No
While at work? No (Specify type of place) _____
(e) Means of injury _____
23. Signature R. F. McKinney (M. D. or other) D
Address Warrensburg Date signed 5-2-41

MM

JAN 29 1948

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-13-44

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.....

Carl Priest

Registered Apprentice No.

working under my personal supervision.

Signed.....

Carl Priest

Licensed Embalmer No. *3878*

- P. O. Address *Warrensburg, 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, fact should be so stated above.