

No. 2
4-13-40
-17-39
X23159

Registration District No. 318

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County GREENE
Springfield

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

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

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield, 2
(If outside city or town limits, write "RURAL") 6

(d) Street No. 501 Chicago
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Susan Wade

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Sam Wade

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

7. Birth date of deceased October 27, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>65</u>	<u>8</u>	<u>0</u>	hr. min.
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9. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation In Home

11. Industry or business _____

12. Name Steve Mullins

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

14. Maiden name Ora Harris

15. Birthplace Unknown W. Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. S. B. Wade

(b) Address Afton, Oklahoma

17. (a) Removal (b) Date thereof 6/28/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Afton, Oklahoma

18. (a) Signature of funeral director Jeff. Luginbuer

(b) Address Vineta, Okla.

19. (a) 6-28-41 (b) W. E. Naudley, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27,
year 1941 hour 8:30 minute P.M.

21. I hereby certify that I attended the deceased from May 20 - 21
June 27, 1941 to June 27, 1941;
that I last saw her alive on June 25, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery occlusion

Due to vascular sclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 _____ (Means of injury) _____

23. Signature Arthur Smith (M. D. or other) M.D.
Address 407 W. E. Connel Date signed 6-28-41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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 Raymond G. Lindell

Licensed Embalmer No. 8444

P. O. Address Springfield

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.

X