

No. 2
4-13-40
5-17-39
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1940 U.S. CENSUS
FILED SEP 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28243

Registration District No. 293

Primary Registration District No. 5416

Registrar's No.

236
000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Franklin Calumet Tp
(b) City or town Rural Catamissa
(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 _____ (Specify whether
In this community 10 days (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Celia Wade
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife John Wade
6. (c) Age of husband or wife if alive 25 years
Birth date of deceased Nov 25 1857 (Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business at home

12. Name Philip Schultz

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

14. Maiden name unknown

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

16. (a) Informant J. W. Wade

(b) Address 11917 Alfred Ave St. Louis

17. (a) Burial (b) Date thereof 8-6-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Atlanta, Mo

18. (a) Signature of funeral director J. W. Wade

(b) Address Pacific, Mo

19. (a) Aug 5 41 (b) Mary B Gross (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Catamissa (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. 0 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 3 year 1941 hour 8 minute 20 P.M.

21. I hereby certify that I attended the deceased from July 6 1941, to July 31 1941; that I last saw her alive on July 31 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis
Due to: Arteriosclerosis

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? _____

23. Signature J. P. McRay (Specify type of place) (e) Means of injury _____
Address Pacific, Mo Date signed 8-4-41

Duration Not Reported
Physician Underline the cause to which death should be charged statistically.

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.....

Signed

Geo L Thebes

Licensed Embalmer No. *3008*

P. O. Address *Pacific 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.