

DEC 18 1941 625-

Primary Registration District No. 3031

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

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Marionville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 921 W. 2nd St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 weeks
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Stonewall, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mrs. Elisabeth H. W. D. W.

3. (b) If veteran, name war _____

3. (c) Social Security No. None

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

6. (b) Name of husband or wife John J. H. D. W. 6. (c) Age of husband or wife alived many years

7. Birth date of deceased: May 31 1853
(Month) (Day) (Year)

8. AGE: Years 88 Months 5 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business at home

MOTHER { 12. Name James A. Wade

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

14. Maiden name Anna Christie

15. Birthplace Shelby Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. H. Baker

(b) Address 921 W. 2nd Marionville Mo

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

(c) Place: burial or cremation Stonewall, Mo.

18. (a) Signature of funeral director Edw. Phillips

(b) Address Stonewall, Mo.

19. (a) 4/26/41 (b) Mamie E. Dardy
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26
year 41 hour 7 minute 09 M.

21. I hereby certify that I attended the deceased from 26 1941 to Nov 26 1941
that I last saw her alive on Nov 26 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to ✓

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? _____

While at work? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature Loren F. Egley (M. D. or other)

Address Marionville, Mo. Date signed 11/26/41

Duration

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

~~Registered Apprentice No.~~

~~working under my personal supervision.~~

Signed

Lator H. Phillips

Licensed Embalmer No.

1898

P. O. Address

Starkley 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.