

FILED DEC 12 1941

Registration District No. 773

Primary Registration District No. 6018A

Registrar's No. 154

1. PLACE OF DEATH:

St. Francois.

(a) County. Farmington, MO
(b) City or town. Farmington, MO
(c) Name of hospital or institution: State Hospital No. 4
(d) Length of stay: In hospital or institution 7 mos. 13 days
In this community 7 mos. 13 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne
(c) City or town Piedmont
(d) Street No.
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3,
year 1941 hour 5:30 minute 0 A. M.

21. I hereby certify that I attended the deceased from March 20,
1941, to November 3, 1941;
that I last saw her alive on November 2, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: General Paralysis of the Insane

Duration

2 1/2 years

Due to 30 lb

Due to 30 lb

Other conditions: Marked emaciation

PHYSICIAN

Major findings: Of operations No operation

Of autopsy No autopsy

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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?.....
(e) Means of injury 0

23. Signature C. C. Ault (M.D. or other) M.D.
Address Farmington Date signed 11/7/41

3. (a) PRINT FULL NAME Margaret Wadlington,

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Tom Wadlington, 6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased April 23, 1886.

8. AGE: Years 55 Months 7 Days 10. If less than one day 1 hr. 0 min.

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

10. Usual occupation Housekeeper

11. Industry or business

12. Name John Starkey,

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

14. Maiden name Frances Bennett,

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

16. (a) Informant Hiram (b) Date thereof Nov. 5, 1941

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director F. J. Yates

(b) Address Piedmont, Mo.

19. (a) Nov 3-41 (b) B. J. Robinson (Registrar's signature)

699 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

Ida M. Yates,

Licensed Embalmer No.....

2572.

P. O. Address.....

Piedmont, 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.