

Registration District No. 2

Primary Registration District No. 202

1. PLACE OF DEATH:

(a) County Andrew Co. Benton  
(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(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 7 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew  
(c) City or town Benton Township  
(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.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME William Dean Wade

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NONE

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 29 1934  
(Month) (Day) (Year)

8. AGE: Years 7 Months I Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Frank Wade

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

14. Maiden name Mary Cunningham

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

16. (a) Informant Mrs Frank Wade  
(b) Address \_\_\_\_\_

17. (a) B (b) Date thereof 2-1-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gravel Wall

18. (a) Signature of general director E. G. Brant

(b) Address Savannah Mo

19. (a) 1-30-42 (b) F. H. Fritzman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29  
year 1942 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 29 1942 to Jan 29 1942  
that I last saw him alive on Jan 29 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Pneumonia 8 days

Due to \_\_\_\_\_

Due to 109

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 M. P. Kelley (M. D. or other)

Address Savannah Mo Date signed 1-30-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

200

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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..... *E. L. Breit* .....

Licensed Embalmer No. *2650* .....

P. O. Address. *Savannah md* .....

**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.**