

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1869

State File No. \_\_\_\_\_

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 130

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Francis  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT  
FULL NAME

BENEDICT A. ADE

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. \_\_\_\_\_

4. Sex P / 1 5. Color or W race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John J. ADE 6. (c) Age of husband or wife if 78 years  
7. Birth date of deceased AUGUST 3 1871  
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 27 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace CAPE GIRARDEAU MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name BENEDICT GADET  
13. Birthplace GERMANY  
(City, town, or county) (State or foreign country)  
14. Maiden name JOHANA BALE  
15. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Margaret Louise ADE  
(b) Address Jackson MO

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

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Wilson Stotler - Seabury  
(b) Address Jackson MO

19. (a) 1-1-42 (b) F.W. Phelps  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau  
(c) City or town Jackson  
(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.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30  
year 1941 hour 6 minute A M.

21. I hereby certify that I attended the deceased from 12-23-41  
to 12-30, 1941;  
that I last saw her alive on 12-29-, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Lobar pneumonia  
(Bilateral)

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

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

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 108

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 Albert M. Ester (M. D. or other)  
Address Jackson, Mo. Date signed 12-31-41

RECEIVED

District Health Officer No. 4  
District File Number 142-133  
Date Filed 1-15-42

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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

*Glenn Wilson*

Licensed Embalmer No.

2828

P. O. Address

*Jaeger 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, above space should be left blank.