

FILED MAR 16 1942 1170

Registration District No. 469170

Primary Registration District No. 2693

Registrar's No. 36214

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Missouri State San
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 533 days
In this community 533 days
(Specify whether years, months or days)

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. 11
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15th
year 1942 hour 6:30 minute a M.

21. I hereby certify that I attended the deceased from Aug 18th 1940 to Jan 15th 1942
that I last saw him alive on Jan 14th 1942
and that death occurred on the day and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Duration abt 3 yrs

Due to Pulmonary Tuberculosis
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 136'
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 Esther E. Coffman (M.D. or other) M.D.
Address Mo State Sanatorium Date signed 1-15-42

3. (a) PRINT FULL NAME Ellis Milton Wade
3. (b) If veteran, name war No 3. (c) Social Security Unknown

4. Sex Male 5. Color or race Black 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alberta Day Wade 6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased August 22 1914
(Month) (Day) (Year)

8. AGE: Years 27 Months 4 Days 24 If less than one day hr. min.

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

10. Usual occupation Janitor

11. Industry or business _____
12. Name Burrell Wade
13. Birthplace Bridgman Mo
(City, town, or county) (State or foreign country)

14. Maiden name Emma Bollinger
15. Birthplace Cape Girardeau Mo
(City, town, or county) (State or foreign country)

16. (a) Informant M. Michael Reed, Clerk
(b) Address Missouri State San
17. (a) Removal (b) Date thereof 1-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cape Girardeau, Mo
18. (a) Signature of funeral director H. D. Forest
(b) Address Mt. Vernon, Mo
19. (a) 1-27-42 (b) Esther E. Coffman
(Date received local registrar) (Registrar's signature)

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

005

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 342-360

Date Filed MAR 12 1942

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.....

Max Fossitt

Registered Apprentice No. 268

working under my personal supervision.

Signed H D Fossitt

Licensed Embalmer No. 2201

P. O. Address Mt Vernon, Ma.

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.