

No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8073

FILED MAR 11 1942

State File No. _____

Registration District No. 861

Primary Registration District No. 6137

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County TANEY

(b) City or town SHAWN TWP
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Taney

(c) City or town Russell 106
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) _____

(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME GOLDIE SUSIE WADE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 22
year 1942 hour 1:30 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Feb 22, 1942, to Feb 22, 1942
that I last saw him alive on Feb 22, 1942
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ROY WADE 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: JAN. 26 1907
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis

Due to Ischemic Heart 1930

Due to _____

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

8. AGE: Years Months Days If less than one day

<u>35</u>	<u>1</u>	<u>26</u>	hr. _____ min. _____
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9. Birthplace MELVA MISSOURI
(City, town, or county) (State or foreign country)

11. Industry or business _____

12. Name GEORGE NEWTON

13. Birthplace 9 (State or foreign country)

14. Maiden name LYDIA RITTENHOUSE

15. Birthplace TANEY CO. MO.
(City, town, or county) (State or foreign country)

16. (a) Informant ESBY WHARTON

(b) Address KIRBYVILLE, MO.

17. (a) BURIAL (b) Date thereof FEB. 23 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BRITAIN C.E.M.

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 2-23-42 (b) Thaddeus Bauer
(Date received local registrar) (Registrar's signature)

10. Usual occupation _____

11. Industry or business _____

12. Name GEORGE NEWTON

13. Birthplace 9 (State or foreign country)

14. Maiden name LYDIA RITTENHOUSE

15. Birthplace TANEY CO. MO.
(City, town, or county) (State or foreign country)

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(b) Address KIRBYVILLE, MO.

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(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BRITAIN C.E.M.

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 2-23-42 (b) Thaddeus Bauer
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) _____
Address _____ Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1107 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 342-286

Date Filed MAR 10 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.